

FIRESENSE PROGRAM

JUVENILE FIRE RELATED BEHAVIOR INTERVENTION

Providing screenings, referral to treatment, and fire safety education in an effort to protect our community and reduce juvenile set fires and youth fire play within Norfolk County.

Now accepting referrals for the FireSense Intervention Program!

Instructions fo	tion Form		
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Save this PDF do	cument to your compu	ter under a different name. Open th	e PDF document from your
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		t the bottom of this form. This will atta	
		massmail.state.ma.us. The Parent o	
		information is required and to sched	
completion of an	application does not gu	arantee admittance to the Norfolk Fi	reSense Program.
Applicant Infor	mation		
Name:			
Street Address			
City or Town:		State:	Zip:
Age:		Date of Birth	
School Attendit	ng:		Grade:
	0 1 00 0		
	or Guardian (Primary C	ontact):	
Street Address: City or Town:		m #d >	
Phone # (cell)		Phone # (home) Phone # (work)	
E-Mail Addres		Phone # (work)	
2 Mail Hours	<u> </u>		
Name of Attor	ney Representing App	licant:	
Street Address:			
City or Town:			
Phone # (cell)		Phone # (work)	
E-Mail Address		Fax#	
Demon Commis	ting Application Form:		
Name:	ung Application Form.		
Title:			
Street Address			
City or Town:		State:	Zip:
		Phone # (work)	Lip.
Phone # (cell)			

Go to www.norfolkda.com/firesense.html to download the FireSense referral form today!

This program teaches fire prevention and safety while also encouraging better decision making and healthy behaviors relative to safe fire use.

JUSTIN F. MYERS, Program Coordinator

45 Shawmut Road | Canton, MA 02021 P: 781.830.4892 F: 781.830.4801 justin.myers@massmail.state.ma.us