

Grand Bank Volunteer Fire Department
Application for Membership

Section 1

APPLICANT MUST BE 19 YEARS OF AGE TO APPLY!

| | | | |
|---|--------------|------------------------------------|-----------------------------------|
| | | Date of Birth | Office use only Application #: |
| Applicant's Address (Both mailing & street) | | | |
| Home Phone # | Work Phone # | Cellular # | |
| Social Insurance # | MCP # | Drivers License # / classification | |
| Marital Status: Single () Married () | Spouses Name | Number of Dependents | |
| Email: | | | |

Section 2

| | | |
|---|--|---|
| Present Employer | Job Title | How long have you worked for this employer? |
| Have you discussed becoming a volunteer firefighter with your employer? Yes () No () | Would your employer permit you to leave work to attend an emergency? Yes () No () | Employers signature |

Section 3

| | |
|--|---------------------------|
| What is your highest level of education? (please circle one) K 1 2 3 4 5 6 7 8 9 10 11 12 | Post Secondary / Trade(s) |
| Do you currently hold a Standard First Aid and/or CPR certificate? Yes () No () Expiry Date: _____ | _____ |
| Do you have any previous firefighting experience? Yes () No () _____ | _____ |
| _____ | _____ |

Section 4

| | |
|---|--|
| Do you have a fear of any of the following? Height () Darkness () Water () Closed spaces () Other: | |
| Are you taking medication for any of the following? Hypertension () High Cholesterol () Diabetes () Asthma () | |
| Do you have any physical impairment's? Yes () No () | How would you rate your general health? Excellent () Good () Poor () |

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Section 5

Do you currently belong to any other volunteer or service group? If so, please list below.

| | |
|--|---------------------|
| Group Name _____ | Years Service _____ |
| What day of the week does this group meet? _____ | Time _____ |
| Group Name _____ | Years Service _____ |
| What day of the week does this group meet? _____ | Time _____ |
| Group Name _____ | Years Service _____ |
| What day of the week does this group meet? _____ | Time _____ |

Section 6

Please list three people we could contact for reference.

| | | |
|---------------|--------------------|---------------|
| 1. Name _____ | Relationship _____ | Phone # _____ |
| 2. Name _____ | Relationship _____ | Phone # _____ |
| 3. Name _____ | Relationship _____ | Phone # _____ |

Section 7

| | |
|---|----------------|
| Do you have your own transportation? | Yes () No () |
| Will you get a medical examination if selected to join the fire department? | Yes () No () |
| Will you participate in fund-raising activities? | Yes () No () |
| Any additional information: | |
| _____ | |
| _____ | |

In accordance with the Grand Bank Volunteer Fire Department constitution, I realize that once I reach my 60th birthday, I will need a medical each year until the retirement age of 65 in order to stay an active member of the department. I declare that the above information is correct and complete to the best of my ability. All information entered above will remain in confidence with the Grand Bank Volunteer Fire Department.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

| | | |
|-----------------------------|----------------|---|
| Comments: | | |
| Further interview required: | Yes () No () | Applicant Accepted for position? Yes () No () |
| Date received: | Received by: | Title: |