

MALASPINA VOLUNTEER FIRE DEPT.
APPLICATION FOR MEMBERSHIP

NAME: (last) _____ (given) _____ (middle) _____

ADDRESS mailing _____

location _____

PHONE # _____ CELL _____ FAX _____

E MAIL _____

DATE OF BRITH _____ AGE _____ SEX _____
DD MM YYYY

SOCIAL INS. # _____ PERSONAL HEALTH # _____

DRIVERS LICENCE # _____ LICENCE CLASS _____ AIR BRAKES _____

PRESENT EMPLOYMENT _____

DO YOU WORK SHIFT _____

ADDRESS & PHONE _____

EDUCATION _____

PREVIOUS FIRE DEPT EXPERIENCE _____

SPECIAL ABILITIES _____

CERTIFICATES HELD _____

DO YOU HAVE ANY ILLNESS, PHYSICAL OR EMOTIONAL
DISABILITY THAT WOULD AFFECT YOUR DUTIES AS A FIRE
FIGHTER? _____ IF YES PLEASE EXPLAIN _____

DO YOU HAVE ANY PHOBIAS? (HEIGHT, ENCLOSED SPACES, ETC.?) _____ IF YES PLEASE
EXPLAIN. _____

REFERENCES _____

DATE _____ SIGNATURE OF APPLICANT _____

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FOR DEPARTMENT USE ONLY

FIREFIGHTER ASSIGNED # _____

FIRE CHIEF'S REPORT: FAVOURABLE _____ UNFAVOURABLE _____

DATE _____

SIGNATURE CHIEF OF DEPARTMENT _____