POWELL RIVER REGIONAL DISTRICT

VOLUNTEER FIREFIGHTER APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Name	_ S.I.N
Address	_ Phone #
	D.O.B
SEX /M/F DRIVER LICENCE #	LICENCE CLASS
EMPLOYMENT INFORMATION	
Present Employer	Phone #
Address of Employer	
Nature of Employment	
Will your employer allow you to attend calls during working	hours? Yes No
Employer – Please sign to support answer to above questi	ion.
Are you a shift worker? Yes No	
Education	
Military Service (indicate # of years): Army Navy	y Air Force
Previous Fire Department Experience (indicate which department	ment and number of years)
Any Special Abilities	
Certificates Held	
Date Signature of Applicant	
Signature of Parent/Guardian (if under 19 years of age)	
DEPARTMENT USE ONLY	
Fire Chief's Report: Favourable Unfavourable	ıle
Date Signature of Chief _	
Firefighter's Assigned Number	