



VILLAGE OF PORT ALICE VOLUNTEER FIRE DEPARTMENT

MEMBERSHIP APPLICATION

Name: _____
Please Print (Last) (First)

Address: Residential: _____
Mailing: _____

Telephone: _____ **Date of Birth:** _____
(Year – Month – Day)

E-mail Address: _____

Drivers Licence: Class: _____ Number: _____
Airbrake Endorsement: **Y** **N**

Education:
High School (Grade) _____ College (Diploma) _____ University Degree) _____

Employer: Name: _____
Address: _____
Occupation: _____
Telephone: _____ Hours: Part _____ Full _____ Shift _____
Will employer allow attendance of emergency calls during work? **Y** **N**

Prior Fire Fighting Training: _____

Prior First Aid Training: _____

Scared of Heights: **Y** **N** **Claustrophobic:** **Y** **N**

Application Requirements:

1. All fire department members are required to attend a **minimum** of 60% of all practices in a calendar year.
2. A criminal record check is required for all potential recruits.
3. A driving record abstract is required for all potential recruits.
4. Submission of two references is required by each potential recruit.

Date: _____ **Signature:** _____

Office Use Only: Date Received: _____