WELLS VOLUNTEEER FIRE BRIGADE MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
First Name:	Middle Name:	Last Name:
Date of birth:	Email:	Phone:
Current address:		
City:	Province:	Phone:
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long:
Phone:	Email:	Fax:
City:	Province:	Postal code:
Position:	Permission to contact for reference: Yes ☐ No ☐	
EMERGENCY CONTACT		
Name:		
Address:		Phone:
City:	Province:	Postal code:
Relationship:		
PAST EXPERIENCE		
Do you have any previous firefighting experience: No ☐ Yes ☐ if Yes (please describe below)		
MEDICAL AND PHYSICAL CONDITION		
Do you have any medical or physical condition that may affect your ability to be a firefighter?		
REASONS FOR APPLYING		
Please describe your reasons for applying to become a volunteer firefighter		
ADDITIONAL DOCUMENT CONSENT		
Will you consent to a criminal records check: Yes☐ No☐	Will you submit a drivers abstract: Yes ☐ No ☐	
Have you been convicted of a Criminal Offence: Yes☐ No☐	Will you submit a physical medical evaluation: Yes☐No☐	
SIGNATURES		
I authorize the verification of the information provided on this form for Volunteer service with the Wells Volunteer Fire Brigade and the District of Wells. I have retained a copy of this application.		
Signature of applicant:		Date:
Signature of Legal Guardian (if minor):		Date: