



# SHELL-GLEN FIRE RESCUE FIREFIGHTER APPLICATION

## MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

First Name:	Middle Name:	Last Name:
Date of birth:	Email:	Phone:
Current address:		
City:	Province:	Postal Code:

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Permission to contact as Reference?	YES NO

### EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship:		

### PAST EXPERIENCE

Do you have any previous firefighting experience? No ..... 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 Shell-Glen Fire Rescue and the Regional District of Fraser Fort George. I have retained a copy of this application.

Signature of applicant:	Date:
Signature of Legal Guardian (if minor)	Date: