



# Shell-Glen Volunteer Fire Department Application for Membership



<b>MEMBERSHIP APPLICATION</b>		
<b>APPLICANT INFORMATION</b>		
First Name:	Middle Name:	Last Name:
Date of birth:	Email:	Phone:
Current address:		
City:	Province:	Postal Code:
<b>EMPLOYMENT INFORMATION</b>		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:	Permission to contact as Reference?	YES                      NO
<b>EMERGENCY CONTACT</b>		
Name:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship:		
<b>PAST EXPERIANCE</b>		
Do you have any previous firefighting experience?	No	Yes (Please describe below)
<b>MEDICAL AND PHYSICAL CONDITION</b>		
Do you have any medical or physical condition that may affect your ability to be a firefighter?		
<b>REASONS FOR APPLYING</b>		
Please describe your reasons for applying to become a volunteer firefighter		
<b>ADDITIONAL DOCUMENT CONSENT</b>		
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	
<b>SIGNATURES</b>		
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:

# ONLINE MEDIA RELEASE AND WAIVER

I hereby give **Shell-Glen Fire Rescue**, its assigns, licensees and legal representatives the irrevocable right to use my Name, Photograph or Image, Audio or Video recording ("My Images") in all forms and manner including but not limited to publication on the Shell-Glen Fire Rescue Internet Web Site, Shell-Glen Fire Rescue Facebook page, broadcasts and any other publications as released to or by Shell-Glen Fire Rescue. I understand that Shell-Glen Fire Rescue cannot control unauthorized use of persons not associated with Shell-Glen Fire Rescue after My Images have been published. I hereby forever waive any right to inspect or approve any publication of My Images by Shell-Glen Fire Rescue.

I have carefully reviewed and understand the above provisions and agree to be bound by them. I voluntarily give my consent and agree to this Release and Waiver.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Please print)

TELEPHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_