



GIBBONS VOLUNTEER FIRE DEPARTMENT
MEMBERSHIP APPLICATION



NAME: _____ STREET ADDRESS: _____

DOB: _____

TIME AT PRESENT ADDRESS: _____ MAILING ADDRESS: _____

DRIVER'S LICENCE CLASS & NUMBER: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMERGENCY PHONE & CONTACT: _____

PRESENT EMPLOYER: _____ CONTACT & PHONE: _____

TRAINING

FIRE FIGHTING			MEDICAL		
	Date Completed	Renewal Date		Date Completed	Renewal Date
NFPA 1001			Standard First Aid		
SCBA			EMR		
TDG			EMT		
WHMIS			Paramedic		
Others:			Others:		

Are you willing to carry out weekly activities: truck checks, meetings, training: Yes No

Do you have a contagious disease or ever been exposed to a contagious disease? Yes No

Are you medically and physically fit? Yes No

Have you had a physical exam in the last five years? Yes No

Applicant Signature

Date

If accepted and prior to commencing duties, you must provide the following to the fire department:

- Criminal Record Check w/ vulnerable sector
- Driver's Abstract
- Medical Report from your doctor

DEPARTMENT USE ONLY	
Date of Interview:	
Comments	