

PORT McNEILL VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

(Please Print)

NAME _____ DATE _____

STREET ADDRESS _____ BIRTH DATE _____

MAILING ADDRESS _____ HOME PHONE _____

WORK PHONE _____ CELL PHONE _____

EMPLOYER _____

PAST EXPERIENCE AS A FIREFIGHTER _____

B.C. DRIVERS LICENSE NO. _____ CIRCLE CLASS HELD: 1 2 3 4 5 AIR
(Air endorsement is required as soon as applicant is able to take training)

Applicants must comply with all Workers Compensation Board Requirements.
Applicants may be required to undergo a Criminal Records Check.
Applicants must comply with Town of Port McNeill Policies and Procedures.

APPLICANT DECLARATION: I agree to carry out my duties as a firefighter for the Town of Port McNeill Volunteer Fire Department in accordance with Bylaw No. 440 and any amendments thereto and the "Operational Guidelines" to the Port McNeill Volunteer Fire Department. I have discussed this application with my employer and he/she has agreed to relieve me of my duties without hesitation in the case of an emergency call. I agree to allow the Town of Port McNeill to check my driving record.

Signature of Applicant

FIRE DEPARTMENT ACCEPTANCE:

Date of Acceptance

Signature of Fire Chief

Signature of Officer