



WELLS VOLUNTEER 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 <input type="checkbox"/> No <input type="checkbox"/>	

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 <input type="checkbox"/> No <input type="checkbox"/>	Will you submit a drivers abstract: Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been convicted of a Criminal Offence: Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you submit a physical medical evaluation: Yes <input type="checkbox"/> No <input type="checkbox"/>

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: