

ANNAPOLIS ROYAL VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

TYPE OF MEMBERSHIP: REGULAR FIREFIGHTER

JUNIOR FIREFIGHTER

PERSONAL INFORMATION (REQUIRED)

NAME: _____

CURRENT ADDRESS: _____

STREET

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER: (HOME) _____ (WORK) _____ (CELL) _____

DATE OF BIRTH (Optional): _____ HEIGHT: _____ ft _____ in WEIGHT: _____ lbs

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO LICENSE # _____ CLASS: _____

EMERGENCY CONTACT NAME: _____ PHONE # _____

RELATIONSHIP: _____ HAVE YOU EVER BEEN REJECTED BY THIS DEPARTMENT? YES NO

HAVE YOU EVER BEEN A MEMBER OF THIS DEPARTMENT ? YES NO IF YES, WHEN? _____

ADDITIONAL INFORMATION (OPTIONAL)

DO YOU HAVE FIREFIGHTING EXPERIENCE? YES NO IF YES, HOW? _____

HAVE YOU EVER SERVED IN THE MILITARY? YES NO IF YES, WHEN? _____

MARITAL STATUS: SINGLE MARRIED

DO YOU HAVE ANY CHILDREN? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? YES NO

IF YES, PLEASE EXPLAIN _____

MEDICAL INFORMATION (REQUIRED)

DO YOU HAVE MEDICAL PROBLEMS WITH ANY OF THE FOLLOWING:

HEARING? YES NO VISION? YES NO SPEECH? YES NO

DO YOU HAVE ANY ALLERGIES? YES NO IF YES, EXPLAIN: _____

PLEASE LIST ANY SERIOUS INJURIES/ ILLNESSES YOU HAVE SUFFERED _____

PLEASE LIST ANY SKILLS OR CERTIFICATIONS YOU HAVE THAT ARE RELATED TO FIREFIGHTING

EMPLOYMENT INFORMATION (REQUIRED)

EMPLOYED	NAME OF EMPLOYER ADDRESS OF EMPLOYER	POSITION	PHONE NUMBER
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			

DOES YOUR CURRENT EMPLOYER KNOW YOU ARE APPLYING TO THE ARVFD? YES NO
 WILL YOUR CURRENT EMPLOYER ALLOW YOU TO LEAVE WORK TO ATTEND EMERGENCIES? YES NO

If elected to membership the first six months of membership shall be served on a probationary period, during which time your application will be reviewed periodically to see if you are performing your duties as expected. At the end of the six-month probationary period if you have fulfilled the requirements, you will be eligible for full membership with the Annapolis Royal Volunteer Fire Department.

By signing below, you agree that all the information provided in this application is true and any misrepresentation is cause for refusal of membership. In signing you also agree to provide the department with the following documents: Drivers Abstract, Criminal Record Check, and Child Abuse Registry Form. Information on how to obtain those documents will be provided.

APPLICANT SIGNATURE: _____

DATE: _____