



**Mount Moriah Volunteer Fire Department**

1 Tower Road, P.O. Box 31  
Mount Moriah, NL A0L 1J0  
(Phone) 709-388-9112 (Fax) 709-785-5332

**Senior Firefighter Application**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First Middle Initial Month/Day/Year*

Address: \_\_\_\_\_  
*Street Address Apartment #*  
\_\_\_\_\_  
*City/Town Province Area Code*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Next of Kin: \_\_\_\_\_

Drivers Licence # \_\_\_\_\_ Traffic Offences in the Last 5 Years  Yes  No

**Employment**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ From : \_\_\_\_\_ To: \_\_\_\_\_

**Medical Information**

Family Doctor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

MCP Number: \_\_\_\_\_ Are you on any medications:  Yes  No

**Firefighting/First Aid Information**

Do you have firefighting experience:  Yes  No Department: \_\_\_\_\_

Do you have any first aid courses:  Yes  No Expiry Date: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant Signature : \_\_\_\_\_  
*Month/Day/Year*

**Office Use Only**

Application Complete:  Yes  No Date Application Received: \_\_\_\_\_  
*Month/Day/Year*

Reviewing Officer: \_\_\_\_\_ Date Application Reviewed: \_\_\_\_\_  
*Month/Day/Year*

Attended 3 Consecutive Meetings:  Yes  No Members In Attendance for Vote: \_\_\_\_\_  
*# of Members*

Date Voted In: \_\_\_\_\_ Number of Votes: \_\_\_\_\_  
*Month/Day/Year Yes No*