



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

Junior 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

First Aid Information

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

Date: _____ Applicant Signature: _____
Month/Day/Year

Date: _____ Parent 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