

TERRACE VOLUNTEER FIRE FIGHTERS' ASSOCIATION APPLICATION

Date Submitted: _____

APPLICANT NAME: _____
Surname First Middle

ADDRESS: _____
Number Street City Postal Code

PHONE: (H) _____ (W) _____ Cell _____

e.mail (if applicable): _____

AGE: _____ **BIRTH DATE:** _____ **MARRIED/SINGLE:** _____
(Month/Day/Year)

Spouse: _____ **Contact #s:** _____

Emerg. Contact: _____ **Relationship:** _____

Emerg. Contact #s: (H) _____ (W) _____ Cell _____

Life Insurance Policy Beneficiary: _____
(The Terrace Volunteer Fire Fighters' Assoc. carries life insurance on all its members)

DEPENDANTS (if any), list below:

Name: _____ Relationship: _____ Birth Date: _____

Name: _____ Relationship: _____ Birth Date: _____

Name: _____ Relationship: _____ Birth Date: _____

Name: _____ Relationship: _____ Birth Date: _____

A. Do you have a valid driver's license? YES NO
Class # _____ Licence # _____ Air _____
Restrictions (if any): _____ Expiry: _____

B. Do you have any previous fire fighting experience? YES NO
If yes, describe:

C. Do you have your employer's consent to attend fires during working hours? YES NO
Present Employer: _____ Phone: # _____
Address: _____ Position: _____

D. Do you have a valid First Aid Certificate? YES NO

E. Are you in good health? YES NO
Date of last medical: _____ Family Physician: _____
Height: _____ Weight: _____ Medical #: _____
Blood Type (if known): _____ Allergies: _____

F. If you have not had a medical within the last year, would you agree to the City's appointed physician conducting same, providing the City assumes the cost of the medical? YES NO

G. Are you afraid of heights? YES NO

H. Are you claustrophobic? YES NO

I. Have you ever been convicted of a criminal offence? YES NO
 If YES, briefly state particulars:

J. Would you grant permission for the City to conduct a criminal record search? YES NO

K. State briefly the reasons for wanting to become a Volunteer Fire Fighter:

L. **CHARACTER REFERENCES:**

Name	Address	Phone
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Name	Address	Phone
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M. **CLOTHING/APPAREL INFORMATION:** Upon being accepted as a Volunteer Fire Fighter, we will need to arrange for turnout gear, etc., could you please fill in as much of the following information as you can:

Hat Size: _____ Shirt Neck Size: _____ Shirt Arm Length: _____ Jacket Size _____

Pants: Waist: _____ & Inseam: _____ Shoe Size: _____ Shoe Width: _____

To the best of my knowledge, the above information is accurate.

 Applicant's Signature

FOR OFFICIAL USE ONLY	
Date Application Received: _____	
Comments: _____	

ACCEPTED/REJECTED as a Probationary Member _____	DATE
ACCEPTED/REJECTED as an Ordinary Member _____	DATE
Personnel Profile Completed: _____	DATE