## TERRACE VOLUNTEER FIRE FIGHTERS' ASSOCIATION APPLICATION

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act, and will be used only for the purpose for which it was collected. If you have any questions about the collections and use of this information, contact the City's Freedom of Information Coordinator at 250-638-4721

Date Submitted:			
APPLICANT NAME:	_		
Surname	First		Middle
ADDRESS: Number	Street	City	Postal Code
PHONE: (H)		-	- Colai Codo
email:			
AGE: BIRTH D	(Month/Day/Year)		
Emergency Contact:	Relationsh	ip:	
Emergency Contact #s: (H)	(W)	Cell	
Emergency Contact:	Relationsh	ip:	
Emergency Contact #s: (H)	(W)	Cell	
Do you have a valid driver's license?		YES $\Delta$	NO $\Delta$
Class #	License #	Air	
Restrictions (if any):	Ехү	oiry:	
Do you have any previous firefighting experie describe:	nce? If yes,	YES $\Delta$	NO $\Delta$
Present Employer:		Phone: #	
Address:		Position:	
	- " -		
Date of last medical:		sician:	
Medical #:		(if known):	
Are you afraid of heights?		YES $\Delta$	NO $\Delta$
Are you claustrophobic?		YES $\Delta$	NO $\Delta$

briefly state particular	ed of a criminal offence? If YES, rs:		YES $\Delta$	NO	Δ
	for the City to conduct a crimina wanting to become a Volunteer F		YES $\Delta$	NO	Δ
CHARACTER REFERENCE	ES:				
Name	Address		Phone		
Name	Address		Phone		
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