

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) _____ (W) _____ Cell _____

email: _____

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

Emergency Contact: _____ **Relationship:** _____

Emergency Contact #s: (H) _____ (W) _____ Cell _____

Emergency Contact: _____ **Relationship:** _____

Emergency Contact #s: (H) _____ (W) _____ Cell _____

Do you have a valid driver's license? YES NO

Class # _____ **License #** _____ **Air** _____

Restrictions (if any): _____ **Expiry:** _____

Do you have any previous firefighting experience? If yes, describe: YES NO

Present Employer: _____ **Phone: #** _____

Address: _____ **Position:** _____

Date of last medical: _____ **Family Physician:** _____

Medical #: _____ **Blood Type (if known):** _____

Allergies: _____

Are you afraid of heights? YES NO

Are you claustrophobic? YES NO

