



# Peace River Fire Department Application for Membership



## Personal

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Driver's License: \_\_\_ Yes \_\_\_ No GDL: \_\_\_ Yes \_\_\_ No Expiry Date: \_\_\_\_\_

Class: \_\_\_\_\_ Condition Codes: \_\_\_\_\_ Province: \_\_\_\_\_

Do you presently have any demerits on your license? \_\_\_ Yes \_\_\_ No

Do you have a Criminal Record? \_\_\_ Yes \_\_\_ No

## Education

Highest level of education completed: \_\_\_\_\_

Previous Firefighting experience: \_\_\_ Yes \_\_\_ No

If yes, please specify: \_\_\_\_\_

Previous EMS experience: \_\_\_ Yes \_\_\_ No If yes, please specify: \_\_\_\_\_

Related courses: \_\_\_\_\_

## Employment

|                   |                     |                          |
|-------------------|---------------------|--------------------------|
| Occupation: _____ | Company Name: _____ | Supervisor's Name: _____ |
|-------------------|---------------------|--------------------------|

## Additional Information

What interests you the most about becoming involved with the Peace River Fire Department?  
\_\_\_\_\_  
\_\_\_\_\_

Please list other community activities, in detail, that you are involved in (sports, volunteer work, church, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Is there any physical, or other reason, that may restrict your ability to perform firefighting functions? \_\_\_ Yes \_\_\_ No  
If yes, please specify: \_\_\_\_\_

I understand that to join the Peace River Fire Department I will have to provide the following;

- Driver's Abstract
- Criminal Record check
- Medical Examination from a doctor/physician

**The above information is true to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach: Resume