

Dorion Volunteer Fire Department
Application for Membership



Name: _____

Address: _____

Telephone: _____ Social Insurance No _____

Date of Birth: _____ Sex: _____

Height: _____ Weight: _____

Beneficiary for insurance purposes: _____

Relevant experience: Yes _____ No _____

If yes, please explain _____

Any physical disabilities: Yes _____ No _____ If yes, please explain: _____

State class of valid Ontario Driver's Licence: _____

You will be expected to obtain D class licence with Z endorsement, within one year of your acceptance to the Fire Department, if you do not already have one. Training will be provided.

Date: _____ Signature: _____

THIS PART TO BE COMPLETED BY PHYSICIAN:

I certify the above mentioned to be in good health, capable of performing duties as a firefighter.

Comments: _____

Date: _____ Physician's Signature: _____

Approved by Fire Dept. _____
(Fire Chief) (Date)

Approved by Council _____
(Clerk-Treasurer) (Date)