Dorion Volunteer Fire Department Application for Membership



Name:			
Address:			
Telephone:	Social	Insurance No	
Date of Birth:	Sex:		_
Height:	Wei	ght:	_
Beneficiary for insurance	e purposes:		_
Relevant experience: Ye	esNo		
If yes, please explain			_
Any physical disabilities:	YesNoIf	yes, please explain:	_
		level or higher, with the option to o	
D Licence with Z endors		•	Jotani a Class
Date:	Signature	:	
******	********	*********	*****
THIS PART TO BE COMP	LETED BY PHYSICIAN:		
I certify the above ment	ioned to be in good hea	alth, capable of performing duties a	s a firefighter.
Comments:			
Date:	Physician's S	Signature:	
*******	********	**********	******
Approved by Fire Dept.	(Fire Chief)	(Date)	
Approved by Council			
	(Clerk-Treasurer)	(Date)	

Personal information on this form is collected under the authority of the Municipal Act, and will be used to determine eligibility for membership to the Dorion Volunteer Fire Department. Questions about the collection of personal information should be directed to the Clerk-Treasurer, Township of Dorion, Dorion, ON POT 1KO, Telephone 807-857-2289