

# BOWEN ISLAND VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION

## PERSONAL DATA

Last Name					First Name					Middle Initial						
Present Address																
City					Province					Postal Code						
Home Telephone (        )					Business Telephone (        )					Are you currently Employed?			Yes		No	
Do you hold a valid BC Drivers License?					Yes		No		Class:		Employer's Name:					
Are you willing to undergo A criminal record check?					Yes			No			Employer's Location:					
Date of Birth																

## EDUCATION

Elementary School					Secondary School					College or University					Graduate or Professional					
Year Last Attended																				
Level Completed	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	1	2	3	4	5
Certificates, Diplomas, Degrees Obtained																				
Course of Study																				
List any other specialized education, apprenticeship skills or professional designations:																				

## TRAINING

Have you served as a volunteer Fire Fighter in the past?		Yes		No	
If yes, where?		When?			
Do you wish to be a First Responder?		Yes		No	
If yes, do you have a valid First Aid/CPR certification?		Yes		No	
Level?		Expiry Date:			
List any other training you have taken or skill's that you may have which would be of benefit to a volunteer fire fighter.					

### PLEASE READ CAREFULLY

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may be cause for my dismissal. If accepted as a Fire Fighter, I agree to abide by all rules and regulations of the Bowen Island Fire Department operational guidelines, including serving an initial probationary period.

Applicant Signature: \_\_\_\_\_

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