MUNICIPALITY OF HURON SHORES
VOLUNTEER FIRE-FIGHTER APPLICATION FORM

DO NOT SIGN THIS APPLICATION UNLESS YOU INTEND TO DEDICATE THE NECESSARY TIME TO BECOME A SUCCESSFUL MEMBER OF THIS DEPARTMENT.

1. All training sessions & meetings must be attended unless the Chief or other fire department officer excuses you.
2. Remember, punctual and systematic training is essential if you are to be an asset to our Fire Department. We need you, but you need to keep up with the training. Your dedication is the key to becoming a safe & successful member of our Fire Department.
3. By signing this application, you are certifying that all of the information you have provided herein is true and correct to the best of your knowledge. False statement may result in your release from the Department and you may be required to refund expenses associated to your application.
4. Please attach a photocopy of your valid driver's licence to this application.

FIRE STATION: ___ **#1 THESSALON TOWNSHIP** ___**#2 IRON BRIDGE**

NAME_____ Social Ins. No. (SIN)_____

AGE _____ WEIGHT_____ HEIGHT_____

PHONE#(h) _____ (w) _____ (cell)_____

Cellular Service Provider (e.g. Bell, Telus, Rogers) _____

MAILING ADDRESS_____

PHYSICAL ADDRESS _____

E-MAIL ADDRESS _____

PREVIOUS EXPERIENCE, IF ANY_____

_____

MEDICAL RESTRICTIONS / CONDITIONS:_____

_____

DRIVERS LICENCE # _____-_____-_____

CLASS_____ ENDORSEMENTS_____ RESTRICTIONS_____

HAVE YOU EVER HAD YOUR DRIVERS LICENCE SUSPENDED ___YES ___ NO

SIGNATURE_____ DATE_____

FOR OFFICE USE ONLY:

Station Acceptance Yes No _____ _____
Deputy Chief Date

DRIVER'S LICENCE MTO VERIFICATION ☐ Initial of checker _____ _____
MTO Phone Number 1-900-565-6555 Date

Application Approved Yes No _____ _____
Fire Chief Date

Council Approval Yes No Resolution# _____ Date _____