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 and 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 and 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 THESSALO	ON 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	E, IF ANY			
MEDICAL RESTRICTION	NS / CONDITIONS:_			
DRIVERS LICENCE # _				
CLASS ENDOR	SEMENTS	_ RESTRICTIONS		
HAVE YOU EVER HAD Y	OUR DRIVERS LICE	NCE SUSPENDED	_YES N	NO
SIGNATURE			DATE	
<u> </u>			D7(12	
FOR OFFICE USE O				
Station Acceptance `	Yes No Deputy Chi		 Date	
DDIVEDIC LICENCE				
DRIVER'S LICENCE	MIO VERIFICATION	☐ Initial of checker	Date	
Application Approve	d Yes No			
	Fire Chief	:	Date	
Council Approval Yes	s No Resolution# _	Date		