



TOWN OF STEPHENVILLE CROSSING

Fire Department



APPLICATION FOR MEMBERSHIP

STEPHENVILLE CROSSING FIRE DEPARTMENT

NAME _____ PHONE # _____

ADDRESS _____ S.I.N.# _____

HEIGHT _____ WEIGHT _____ SEX M ___ F ___

MARITAL STATUS S ___ M ___ OTHER ___ NUMBER OF DEPENDANTS ___

EDUCATION _____ TRADE _____

PRESENT OCCUPATION _____

EMPLOYER _____ PHONE # _____

ADDRESS _____

DATE OF EMPLOYMENT _____

WILL YOU BE PERMITTED TO LEAVE YOUR JOB TO FIGHT A FIRE YES ___ NO ___

TYPE OF DRIVERS LICENCE _____

CONDITION OF HEALTH _____

CLAUSTROPHOBIA YES ___ NO ___ ACROPHOBIA YES ___ NO ___

FIRST AID TRAINING YES ___ NO ___

IF YES WHAT IS COURSE TITLE _____ EXPIRY DATE _____

REASON FOR WANTING TO BECOME A MEMBER _____

OTHER THAN FIGHTING FIRES HOW MUCH TIME PER WEEK CAN BE DEDICATED TO THE DEPARTMENT

SIGNED _____ DATE _____

NO REASON WILL BE GIVEN FOR THIS APPLICATION NOT BEING ACCEPTED.