



# Volunteer Application

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Social Ins.#: \_\_\_\_\_  
 \_\_\_\_\_ Health Care #: \_\_\_\_\_  
 Res. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Bs. Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Drivers Lic. #: \_\_\_\_\_ D.L. Class 1 2 3 4 Endorsements 5 6 Air

**Previous Training**

Fire Related Training: \_\_\_\_\_  
 \_\_\_\_\_  
 Medical/First Aid: \_\_\_\_\_  
 \_\_\_\_\_  
 Search/Rescue: \_\_\_\_\_  
 \_\_\_\_\_  
 Special Qualifications/Training: \_\_\_\_\_  
 \_\_\_\_\_

**Employment History (Chronological)**

	Company Name, Supervisor & Telephone	Dates Employed From & To	Position	Duties & Responsibilities
1)				
2)				
3)				

**Education History (Chronological)**

	Institute Name, Contact & Telephone	Dates Attended From & To	Studies	Graduated
1)				
2)				
3)				

Next of Kin: _____	Relationship: _____
Telephone: _____	Alternate Telephone: _____

Name of Beneficiary: _____	Relationship with Beneficiary: _____
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**Health/Fitness -**

All applicants must supply a note from their Medical Doctor indicating that they are in adequate physical condition to perform the demanding tasks of fire fighting and rescue, and that they do not have any medical conditions that would impact their own or other's safety or performance while performing these tasks.

**Criminal Record Check -**

All applicants must submit a completed criminal record check indicating that they do not have a criminal record which would impact their ability to serve in a position of responsibility and trust. The Pender Island RCMP will conduct this search. Applicants must appear in person at the detachment to sign a release.

**Driver's Abstract -** All applicants must submit a current driver's abstract.

**References:** *List only references you have known for a minimum of three years*

1. Name: _____	Telephone: _____
Relationship: _____	Other: _____
_____	_____
2. Name: _____	Telephone: _____
Relationship: _____	Other: _____
_____	_____
3. Name: _____	Telephone: _____
Relationship: _____	Other: _____
_____	_____

I authorize Pender Island Fire Rescue to contact any of the above references or past employers.

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

**Office Use Only**

Successful - Criminal Record Check  Drivers Abstract  Interview  References

Applicant Authorized By: \_\_\_\_\_

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