



**FRASER VALLEY REGIONAL DISTRICT
HEMLOCK VALLEY VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR VOLUNTEER FIREFIGHTER MEMBERSHIP**

NAME: _____

MAILING ADDRESS: _____

_____, B.C. POSTAL CODE: _____

STREET ADDRESS: _____

PHONE & CONTACT NUMBERS:

HOME: _____ CELL: _____

WORK: _____ EMAIL ADDRESS: _____

REQUIREMENTS FOR THE POSITION:

ARE YOU:	YES	NO
AT LEAST 19 YEARS OF AGE	_____	_____
LIVING WITHIN 15 MINUTES OF A VFD HALL?	_____	_____
HOLDING A VALID AND UNRESTRICTED B.C. DRIVER'S LICENCE?	_____	_____
ABLE TO PROVIDE A CLEAR DRIVING RECORD?	_____	_____
IN GOOD PHYSICAL CONDITION AND HAVE GOOD EYESIGHT?	_____	_____
FREE OF MEDICAL CONDITIONS WHICH MAY INTERFERE WITH YOUR ABILITY TO PERFORM REQUIRED DUTIES?	_____	_____
ABLE TO ATTEND WEEKLY TRAINING SESSIONS AT LEAST TWO SATURDAYS PER MONTH?	_____	_____

*persons as young as 16 may be involved in restricted duties, with parental consent

IF WE PROCEED WITH YOUR APPLICATION YOU MUST OBTAIN:

- A CRIMINAL RECORD CHECK
- A MOTOR VEHICLE DRIVER'S ABSTRACT
- A MEDICAL CERTIFICATE

EXPERIENCE AND SKILLS

OCCUPATION: _____

CURRENT EMPLOYER: _____

SKILLS OR EXPERIENCE RELEVANT TO FIRE FIGHTING: _____

FIRST AID CERTIFICATE? Yes _____ No _____

DRIVER'S LICENCE CLASS _____

AIR BRAKE ENDORSEMENT? Yes _____ No _____

TWO REFERENCES (Preferably from current or past employers)

COMPANY: _____ CONTACT NAME: _____

PHONE NUMBER: _____

COMPANY: _____ CONTACT NAME: _____

PHONE NUMBER: _____

I certify that the above information as provided by me is true and complete. I agree that as a condition of employment with the Fraser Valley Regional District References about past work performance and information as outlined above will be obtained.

SIGNATURE: _____

DATE: _____

When Completed mail to:
Fraser Valley Regional District
Att: Human Resources/FD Application
45950 Cheam Avenue,
Chilliwack, BC
V2P 1N6