



CHERRY CREEK FIRE DEPARTMENT

5920-B CHERRY CREEK RD. PORT ALBERNI, B.C. V9Y 8R7
WATER BOARD OFFICE ~ 723-2214 / FIRE HALL ~ 723-2254 / FAX ~ 723-0225

APPLICATION FOR MEMBERSHIP

NAME: _____ AGE: _____

ADDRESS: _____ HEIGHT: _____

PHONE: _____ EMAIL: _____ WEIGHT: _____

IN CASE OF EMERGENCY PHONE: _____ SPOUSE: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

WORK SHIFTS: _____ DOB: _____

DUTIES: _____ YEARS OF SERVICE: _____

DRIVER'S LICENSE #: _____ CLASS: _____

**DRIVER'S PROFILE TO BE SUPPLIED BY APPLICANT*

FIRST AID TRAINING: _____ CLASS: _____

PREVIOUS FIRE DEPARTMENT: _____

DOCTOR: _____ PHONE: _____

DENTIST: _____ PHONE: _____

HEALTH CONCERNS: _____

ALLERGIES: _____ MEDICATIONS: _____

SPONSORING FIRE PERSONNEL: _____

PLEASE PROVIDE: RESUME

***I AGREE TO ABIDE BY THE CHERRY CREEK FIRE DEPARTMENT CONSTITUTION
AND THE DISTRICT'S FIRE PROTECTION BYLAW.***

SIGNED: _____

DATE: _____