



Cherry Creek Fire Department Est. 1962

5920-B CHERRY CREEK RD. PORT ALBERNI, B.C. V9Y 8R7
FIRE HALL ~ 723-2254 / FAX ~ 723-0225 / CCVFD@SHAW.CA

APPLICATION FOR MEMBERSHIP

NAME: _____ AGE: _____

ADDRESS: _____ HEIGHT: _____

WEIGHT: _____ DOB: _____

PHONE: (ADD PROVIDER IE TELUS, ROGERS ETC): _____ EMAIL: _____

IN CASE OF EMERGENCY PHONE: _____ SPOUSE: _____

PLACE OF EMPLOYMENT: _____ PHONE _____

WORK SHIFTS: _____

DUTIES: _____ YEARS OF SERVICE: _____

DRIVER'S LICENSE #: _____ CLASS: _____

FIRST AID TRAINING OR OTHER RELEVANT TRAINING: _____

PREVIOUS FIRE DEPARTMENT: _____

DOCTOR: _____ PHONE: _____

DENTIST: _____ PHONE: _____

HEALTH CONCERNS: _____

ALLERGIES: _____ MEDICATIONS: _____

SPONSORING FIRE PERSONNEL: _____

PLEASE PROVIDE: **RESUME & DRIVER'S ABSTRACT** (YOU WILL BE REQUIRED TO SUBMIT A CRIMINAL RECORD CHECK UPON ACCEPTANCE OF APPLICATION)

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

SIGNED: _____

DATE: _____