



APPLICATION FOR MEMBERSHIP

Cherry Creek Fire Department Est. 1962

5920-B CHERRY CREEK RD. PORT ALBERNI, B.C. V9Y 8R7

FIRE HALL 250.723.2254 / FAX 250.723.0225 / CCFVD@SHAW.CA

NAME: \_\_\_\_\_

DATE OF BIRTH/AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

PHONE: (ADD PROVIDER IE TELUS, ROGERS ETC): \_\_\_\_\_

EMAIL: \_\_\_\_\_

IN CASE OF EMERGENCY PHONE: \_\_\_\_\_

SPOUSE/PARTNER: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

PHONE: \_\_\_\_\_

WORK SHIFTS/DUTIES: \_\_\_\_\_

YEARS OF SERVICE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

CLASS: \_\_\_\_\_

RELEVANT TRAINING (IE FIRST AID, FIRE CERTIFICATES): \_\_\_\_\_

PREVIOUS FIRE DEPARTMENT: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

DENTIST: \_\_\_\_\_

PHONE: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

ALLERGIES/DIET RESTRICTIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

SPONSORING FIRE PERSONNEL (IF ANY): \_\_\_\_\_

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, POLICIES  
AND THE DISTRICT'S FIRE PROTECTION BYLAW.*

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_