

**PENDER HARBOUR VOLUNTEER FIRE DEPARTMENT  
MEMBERSHIP APPLICATION FORM**

**Pender Harbour Fire Protection District**

**FORM 4.2**

FULL NAME:		DATE OF BIRTH:	
ADDRESS:		EMAIL:	
HOME #:	CELL#:	WORK#:	
EMERGENCY CONTACT:		RELATIONSHIP:	
ADDRESS:			
HOME #:	CELL#:	WORK#:	
MEMBERSHIP LEVEL: <input type="checkbox"/> Junior <input type="checkbox"/> Regular <input type="checkbox"/> Auxiliary Level 1 <input type="checkbox"/> Auxiliary Level 2 <input type="checkbox"/> Reserve Level 1 <input type="checkbox"/> Reserve Level 2			
Do you understand both oral and written English? Yes <input type="checkbox"/> No <input type="checkbox"/>	Other languages? (Describe)		
Do you have a Criminal Record? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe:		
Do you hold a valid B.C. Driver's Licence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Class?		
Do you have an Air Brake Endorsement? Yes <input type="checkbox"/> No <input type="checkbox"/>	Restrictions?		
Do you have any physical disabilities, allergies or medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, describe:		
Describe your fitness level:			
Availability: Are you regularly available on Wednesday evenings (PHVFD Practice Night)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe your availability on weekdays, weeknights and weekends?			
EMPLOYER:		OCCUPATION:	
ADDRESS:		HOURS OF WORK:	
PREVIOUS EMPLOYMENT EXPERIENCE (DESCRIBE):			
EDUCATION (LIST COMPLETED LEVELS):			

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Do you have any previous firefighting experience? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, describe (include last department, years of service, contact person):
Do you have any first aid training? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, describe:
Do you have any rescue training? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, describe:
Please describe other experiences you have that would relate to the Department (administration, management, etc.):	

**PARENTAL/LEGAL CONSENT FOR JUNIOR MEMBERSHIP APPLICATIONS**

Complete this section only if the applicant is between 16 and 19 years of age.  
*This section is not required for an applicant that is 19 years or older*

I, \_\_\_\_\_, GIVE CONSENT FOR MY SON/DAUGHTER, SHOULD THEY BE SELECTED, TO PARTICIPATE AS A JUNIOR MEMBER WITH THE PENDER HARBOUR VOLUNTEER FIRE DEPARTMENT.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**DECLARATION OF APPLICANT**

I, THE UNDERSIGNED, HEREBY FORMALLY APPLY TO ENROLL AS A MEMBER OF THE PENDER HARBOUR VOLUNTEER FIRE DEPARTMENT AND DO VERIFY THAT ALL THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUTHFUL AND CORRECT. I UNDERSTAND THAT I WILL BE REQUIRED TO HAVE A MEDICAL EXAMINATION, A CRIMINAL RECORD CHECK AND SUBMIT A COPY OF MY DRIVER'S ABSTRACT AS PART OF THE PROCESS OF CONFIRMATION AS A SUITABLE MEMBER OF THE DEPARTMENT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Please submit the following items with this form:

- Criminal Record Check [available through the local RCMP Detachment]
- Driver's Abstract (Driving Record) [available from any Provincial Motor Vehicle Branch in person or on-line]

- *All personal information will be held in strict confidence by the Fire Chief and PHFPD Administration office.*
- *The Fire Chief is the only person authorized to view the Criminal Record Check documentation.*
- *All costs to an applicant regarding a medical examination, driver's abstract, and a criminal record check will be reimbursed by the PHFPD.*

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<b>OFFICE USE ONLY</b>			
When an item has been completed, mark the checkbox with an X, enter the applicable date and sign in the appropriate column.		DATE	SIGNATURE (Deputy Chief or designee)
Application for membership accepted (75% endorsement of regular members).	<input type="checkbox"/>		
Medical report received.	<input type="checkbox"/>		
Copy of Criminal Record Check received.	<input type="checkbox"/>		
Copy of Driver's abstract received.	<input type="checkbox"/>		
Accepted as a probationary member.	<input type="checkbox"/>		
Junior member	<input type="checkbox"/>		
Regular member	<input type="checkbox"/>		
Auxiliary Member, Level 1	<input type="checkbox"/>		
Auxiliary Member, Level 2	<input type="checkbox"/>		
Reserve Member, Level 1	<input type="checkbox"/>		
Reserve Member, Level 2	<input type="checkbox"/>		
<hr/> SIGNATURE (DEPUTY CHIEF OR DESIGNEE)  <hr/> DATE			