

Latchford Volunteer Fire Department

Application for Membership

Date: _____

Name: _____

Age: _____

Address: _____

Date of Birth: _____

Weight: _____

Height: _____

Phone: _____

Hair colour: _____

Phone (2): _____

Eye Colour: _____

Marital Status: Married _____ Single _____ Other _____

Next of kin: _____ Relationship: _____

1. Are you bondable? Yes _____ No _____
2. Have you had any arrests and or convictions? Yes _____ No _____
3. Do you have any firefighting experience? Yes _____ No _____
Experience Details _____

4. Do you have any medical problems, physical handicaps or mental disabilities?
Yes _____ No _____
Details: _____

5. Would you object to a medical and /or optical examination if required? Yes _____ No _____
6. Will you be able to attend monthly meetings? (first Wednesday of month) Yes _____ No _____
7. When can you respond to alarms?
Anytime _____ Daytime _____ Nights _____
Remarks: _____
8. Are you aware of the potential hazards of firefighting? Yes _____ No _____
9. List Three references:
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

I hereby agree to abide by the rules and regulations of the Latchford Volunteer Fire Department.

Signature: _____

Department Use Only

Date: _____

Assignment: _____

Chief's Signature: _____