



# Red Deer County Fire Department

## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Legal Land Location/Subdivision: \_\_\_\_\_ Full time Resident? Yes  No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Driver License # \_\_\_\_\_ Class(s) \_\_\_\_\_ Please indicate the largest vehicle(s) that you can drive with proficiency: \_\_\_\_\_

Are you prepared to enhance your driving classification? Yes  No

Certificates and Tickets you currently hold: \_\_\_\_\_

Do you have any skills applicable to firefighting? If yes please list. \_\_\_\_\_

To the best of your knowledge are you in good health? Yes  No

Do you have any medical problems that would limit your ability to do physically demanding work?

Yes  No  If yes, please indicate the reason(s): \_\_\_\_\_

Please specify times/days of week when you would be available for firefighting: \_\_\_\_\_

Why do you want to join the Red Deer County Fire Department? \_\_\_\_\_

Are you able to attend practice sessions weekly? Yes  No

Please attach a short work history to this Application for Membership.

I, \_\_\_\_\_ declare that the information provided by myself in this document is correct and that I understand the contents entirely. I also declare to fulfill the rules and regulations of the Red Deer County Fire Department should I be chosen to become a member.

Date of application: \_\_\_\_\_ Signature \_\_\_\_\_

The personal information on this form is collected for the purpose of processing your application. It is collected under the authority of the *Freedom of Information and Protection of Privacy Act* Section 32(c). It is protected by the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information please contact the Red Deer County Fire Services Manager at 403.343.6667