

## Port Williams Volunteer Fire Department Application for Membership

<b>First Name</b>		<b>Last Name</b>	
Date of Birth (yyyy-mm-dd) <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>E-Mail Address</b>	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	
<b>Mailing Address</b>			<b>Postal Code</b>
<b>Civic Address (if different from above)</b>			

Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have your own vehicle or access to a vehicle for your own transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any medical conditions that may prevent you from participating in any firefighting activities? <i>You may be subject to physical/mental stress and/or physical exertion.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any previous firefighting experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
What aspects of firefighting are you most interested in?		

initials \_\_\_\_\_ The information provided on this form is accurate, to the best of my knowledge. I agree that, if I am elected a member of the Port Williams Volunteer Fire Department, I will abide by the regulations of the Department, attend meetings, training sessions, and alarms as faithfully as possible and participate fully in all other official undertakings of the Department.

initials \_\_\_\_\_ I shall return all articles supplied by the Department upon termination of my membership.

I have attached the following required documents:  Driver's Record Check  Criminal Record Check

<b>Signatures</b>	
Applicant: _____	Parent / Guardian (if minor*): _____ <small>*under the age of 18</small>
<b>Date Signed</b> mm/dd/yyyy	<b>Date Signed</b> mm/dd/yyyy