

**NANOOSE VOLUNTEER FIRE DEPARTMENT.  
APPLICATION FORM**

NAME \_\_\_\_\_ DATE Year - Month - Day \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN NANOOSE YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PH \_\_\_\_\_ OTHER PH \_\_\_\_\_

SOCIAL INSURANCE NUMBER \_\_\_\_\_ BIRTH DATE Year - Month - Day \_\_\_\_\_

DRIVERS LICENCE NUMBER \_\_\_\_\_ CLASS \_\_\_\_\_

CARE CARD # \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

NUMBER OF DEPENDANTS \_\_\_\_\_ AGE OF DEPENDANTS \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

POSITION \_\_\_\_\_ SCHEDULE \_\_\_\_\_

**FIRE FIGHTING RELATED SKILLS ie. First aid, driving, previous training, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU INTERESTED IN RESPONDING TO MEDICAL EMERGENCIES \_\_\_ Y/N.

DO YOU HAVE ANY MEDICAL TRAINING ie. OFA, CPR, First responder, etc \_\_\_ Y/N.

KEY # \_\_\_\_\_ TURNOUT GEAR # \_\_\_\_\_ PERSONAL I.D. # \_\_\_\_\_

RECEIVED DATE \_\_\_\_\_ PROBATION START DATE MM - DD - YY \_\_\_\_\_

**TO BE COMPLETED ONCE PROBATION STARTS.**

MEDICAL INFORMATION

PRIMARY EMERGENCY CONTACT

SECONDARY EMERGENCY CONTACT

NAME \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEIGHT \_\_\_\_ FT \_\_\_\_ IN    WEIGHT \_\_\_\_\_ LBS    BLOOD TYPE \_\_\_\_\_

ORGAN DONOR \_\_\_\_\_    DATE OF LAST PHYSICAL \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

DO YOU WEAR GLASSES \_\_\_\_\_

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

SIGNATURE OF PARENT IF APPLICANT IS UNDER 19 \_\_\_\_\_