

**PORT WILLIAMS VOLUNTEER FIRE DEPARTMENT  
APPLICATION FOR MEMBERSHIP**

1. Name (in full) \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
Civic Address \_\_\_\_\_
3. Telephone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_
4. Birth Date (yyyy/mm/dd) \_\_\_\_\_ Master No. \_\_\_\_\_
5.  Married                       Single                       Other  
 Employed                       Unemployed                       Student
6. Employer (if employed) \_\_\_\_\_
7. Education (give highest level completed) \_\_\_\_\_
8. Do you own a motor vehicle?  Yes     No
9. Do you have a valid driver's licence?     Yes     No  
(a) Give class of licence \_\_\_\_\_  
(b) Give any restrictions to your licence \_\_\_\_\_
10. Do you have any of the following medical problems?  
 Heart condition                       Respiratory problems                       Allergies  
 Illness requiring medication     Epilepsy                       Diabetes  
 Any other medical condition we should know about? \_\_\_\_\_

**PLEASE ADVISE US OF ANY MEDICAL CONDITION YOU HAVE  
THAT MIGHT BE AGGRAVATED BY STRESS OR PHYSICAL EXERTION!!!**

11. Do you have any disabilities?  Yes     No
12. Please provide details of any previous firefighting experience.  
\_\_\_\_\_  
\_\_\_\_\_
13. Please explain why you wish to be a firefighter.  
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\_\_\_\_\_  
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(Use reverse if necessary)

14. In what aspects of firefighting are you most interested?

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15. What are your hobbies? \_\_\_\_\_

The information that I have 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. I have read and understand the procedures governing entry and probation of new members, including the Rules of Governance, the Code of Conduct, and the House and Safety Rules.

I shall return all articles supplied by the Department upon termination of my membership, whether it be voluntary or due to dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (yyyy/mm/dd)

Because of the inherent hazards of firefighting, even on a volunteer basis, we ask that:

- (a) If you are married, you have your spouse approve your application by signing below.
- (b) If you are under 19 or if you are a student under 25, you have your parent or guardian approve your application by signing below.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Parent/Guardian