



GVFD

Membership Application

The Gabriola Volunteer Fire Department is a fire, rescue, and medical first responder service staffed by volunteers from the community. Members of the department make a commitment to regular training, knowledge and skill development, and to responding to fire and medical calls as qualified and able. If you are interested in joining the department, please fill in this form and return it to the Albert Reed Memorial Fire Hall, 730 Church Street. Regular office hours are 9am-4pm, Tuesday to Friday. Regular weekly training is on Tuesday evenings from 7-10pm.

PERSONAL INFORMATION

First Name		Last Name	
Date of Birth (D/M/Y)		Social Insurance Number	
Home Phone	Work Phone	Email	
Street Address		Mailing Address (if different)	
Marital Status		Number and Age of Dependents	
Next of Kin		Next of Kin's Phone Number	
Driver's Licence Number	Licence Class	Licence Restrictions	
Education Level	Where	Length of Time on Gabriola	

MEDICAL INFORMATION

Doctor's Name		Doctor's Phone Number(s)	
Emergency Contact		Emergency Contact Phone Number(s)	
Medical Services Plan Number		Height	Weight
Disabilities			Hair Color
Allergies			Eye Color

EMPLOYMENT INFORMATION

Employer	Occupation
Employer Phone Number	Address
Length of Time at this Employment	
Shifts	Can You Leave Work to Attend an Emergency Call?

ADDITIONAL INFORMATION

Previous Fire Service, Medical Training, or Related Experience
Talents, Skills, Hobbies
Clubs, Social Organizations, etc., that you currently belong to, or have belonged to in the past five years

Please read the following declaration carefully before signing.

BY SIGNING BELOW, I AFFIRM THAT

This application is a true and accurate statement. I authorize the Gabriola Volunteer Fire Department to check with and confirm my employment and other relevant information. I further authorize the Gabriola Volunteer Fire Department to request a copy of my 'Driver's Licence Abstract' from ICBC.

To the best of my knowledge I have no physical or mental disabilities or health problems which would affect the carrying out of the duties of a volunteer firefighter, and/or endanger myself or others in the course of carrying out these said duties. I further agree to provide a physician's certificate to the Gabriola Volunteer Fire Department in this respect if requested.

I am aware that as a member of the Gabriola Volunteer Fire Department, I will be expected to respond, to the best of my ability, when paged to all applicable incidents, and to attend Tuesday night practices as well as any other training or Fire Department related functions.

Signature

Date