

Schedule 'B'

Rural Municipality of Ste. Anne

VOLUNTEER FIRE BRIGADE

Application Form

Name: _____ **SIN:** _____ - _____ - _____
Applicant

Legal Description: _____ **Birth Date:** _____
Day/Month/Year

Address: _____ **Home Phone Number:** _____ - _____
_____ **Cell Phone Number:** _____ - _____

Place of Employment: _____ **Occupation:** _____

Address: _____ **Availability:** _____ **Day:** _____
_____ **Night:** _____

Valid Driver's Licence No.: _____ **Class:** _____

Are you prepared to obtain the required license?

Are you prepared to sign a form giving authority to the RM of Ste. Anne to obtain your Driving Record?
Yes _____ No _____

Previous Experience

Served on Fire Brigade? Yes / No Where: _____ Number of years served? _____

Fire Training and experience:

State Level passed:

St. John's Ambulance Member: Courses: _____ Year: _____

Are you prepared to take courses offered by the Fire Commissioner's Office, which are paid for by the Municipality? _____

Are you prepared to serve as: Chief _____ Deputy _____ Firefighter: _____

Signature of Applicant

Approved by Council Resolution No.: _____ on the _____ day of _____, 20 _____