



GVFD

Membership Application

The Gabriola Volunteer Fire Department is a fire, rescue, and medical emergency responder service staffed by paid on call members 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. ***Please fill out this form and drop it off during business hours, mail, or scan/email it to the office at*** corporateofficer@gabriolafire.ca

PERSONAL INFORMATION

First Name		Last Name
Social Insurance Number (optional)		Are you 18+?
Home Phone	Work Phone	Email
Home Address		Mailing Address (if different)
Emergency Contact		Emergency Contact Phone Number
Driver's License Number	Where?	Length of time on Gabriola
Education Details		

MEDICAL INFORMATION

Doctor's Name (optional)	Doctor's Phone Number(s)
Please List any Allergies	
Medical Emergency Contact (if different from above)	Emergency Contact Phone Number
Any other medical information? (Optional)	

EMPLOYMENT INFORMATION

Employer	Occupation
Employer Phone Number	Address of Employer
Length of Time at This Employment	
Availability	Can you Leave Work to Attend an Emergency?

ADDITIONAL INFORMATION

Previous Fire Service, Medical Training, or Related Experience

Please tell us a little about yourself.

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

Please fill out this form and drop it off during business hours, mail, or scan/email it to the office.