



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

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