

RURAL MUNICIPALITY OF ST. ANDREWS



APPLICATION FOR ST. ANDREWS FIRE DEPARTMENT

[Please Print]

NAME IN FULL: _____

ADDRESS: _____

PHONE NO: _____ (Home) _____ (Business)

BIRTHDATE: _____ CLASS LICENCE: _____

MARRIED: _____ SINGLE: _____ S.I.N. #: _____

DATE OF LAST MEDICAL: _____

PREVIOUS FIRE FIGHTING EXPERIENCE: _____

TIME AVAILABLE TO ATTEND FIRES: DAY _____ NIGHT _____

REASON FOR JOINING THE FIRE DEPT. _____

TRAINING: FIRST AID _____ CPR _____ FIRST RESPONDER _____

FIRE HALL BEING APPLIED FOR (PLEASE CIRCLE ONE):

CLANDEBOYE / MATLOCK / ST. ANDREWS

SIGNATURE OF APPLICANT: _____

DATE: _____