



Bay Roberts Volunteer Fire Department
P.O. Box 585 Bay Roberts, NL A0A 1G0
General Inquires: (709) 786-6951
Cell (709) 683-7366 Fax: (709) 786-6971
Emergency calls: (709) 786-6666
Fire Dept. f6baytc@nf.aibn.com

APPLICATION FORM

Applicant must be between nineteen (19) and forty (40) years of age.

Name: _____
Address: _____
Phone: _____ Date of Birth: _____ Occupation: _____
Work Phone: _____ Marital Status: _____ Spouse: _____
Social Insurance Number: _____
M.C.P. Number: _____
Valid Driver's Licence Number: _____ Class Number: _____

Can you drive standard shift trucks (yes/no)? _____

Can you attend Monday night practices and meetings (yes/no)? _____

If no, Please Specify: _____

Will you pledge yourself, to the best of your ability, to act in all cases of fire (yes/no)? _____

If no, Please Specify: _____

Is your ability to perform duties likely to be affected due to a current or previous illness or disability (yes/no)? _____

If yes, Please Specify: _____

Please state previous history of any cardiovascular disease or disorder:

Height: _____ ft. _____ ins. Weight: _____ lbs.

Chest Measurement: _____ Foot Size: _____

Use this space if there is any additional information which you would like considered: _____

I certify that the statements made by me in this application are true and complete to the best of my knowledge. I understand that if any of these statements are found to be untrue, this application may be rejected.

Date: _____ Signature: _____

Recommended by two firefighters of good standing:

Firefighter #1 _____ Firefighter #2 _____