



# BOW HORN BAY VOLUNTEER FIRE DEPARTMENT

## RECRUIT APPLICATION

DATE OF APPLICATION: year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_

NAME: \_\_\_\_\_

BIRTHDATE: year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Cell Carrier (ie: Telus) (for IAR) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LIC: \_\_\_\_\_ LIC. CLASS: \_\_\_\_\_

BC CARE CARD: \_\_\_\_\_ DOCTOR NAME: \_\_\_\_\_

ANY ALLERGIES / MEDICAL CONDITIONS WE SHOULD BE AWARE OF?

\_\_\_\_\_

PREVIOUS FIRE FIGHTING EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

FIRST AID LEVEL / LIC: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Regimental Number: \_\_\_\_\_ Cadet - Parental Consent Attached \_\_\_\_\_