



## Sasamat Volunteer Fire Department

2690 East Road, Anmore, BC, V3H 3C8

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Fire Chief, L.G. Scott, 604-937-4100

lgscott@belcarra.ca

### APPLICATION FORM

NAME (FIRST, MIDDLE, LAST)	SOCIAL INSURANCE NUMBER _ _ _ - _ _ - _ _
ADDRESS ( MUST BE A RESIDENT OF ANMORE OR BELCARRA )	STATE: OWNER OR RENTER
HOW LONG AS A RESIDENT OF ANMORE OR BELCARRA; _____ EMAIL ADDRESS Required: _____	DO YOU HAVE TRANSPORTATION? YES NO
ARE YOU 19 YEARS OF AGE OR OVER? YES NO	DATE OF APPLICATION:
I confirm I am medically fit to undertake physically demanding tasks and can meet the requirements of the PAR Q questioner, that can be found at <a href="http://www.csep.ca/forms.asp">http://www.csep.ca/forms.asp</a> (please submit with your application) (Physicians Note required prior to start of basic training)	IF REQUESTED, CAN YOU PROVIDE A DOCTOR=S CONFIRMATION YES NO
STATE AVAILABILITY: ( DAYS, NIGHTS, SHIFTS, BOTH )	TELEPHONE:

### EDUCATION & TRAINING

HIGH SCHOOL LAST YEAR COMPLETED: _____ YEAR COMPLETED: _____		
DRIVER TRAINING: ( DRIVERS ABSTRACTS ARE REQUIRED PRIOR TO ACCEPTANCE FOR TRAINING ) DRIVERS LICENCE # CLASS: RESTRICTIONS:		
PLEASE OUTLINE BELOW ALL RELEVANT EDUCATION, TRAINING AND CERTIFICATION RELATED TO FIRE FIGHTING, FIRST AID AND PHYSICAL FITNESS (additional information may be provided as an attachment)		
NAME OF INSTITUTION:	DESCRIPTION OF TRAINING:	DATE COMPLETED:
REFERENCES:		
<p><b>STATEMENT:</b> The information provided on this application is true to the best of my knowledge. I agree that the Sasamat Volunteer Fire Department has the right to confirm this information. I understand that any false or omitted information may be sufficient grounds for immediate discharge from the department.</p> <p>Applicants signature: _____ date: _____</p>		