

APPLICATION FOR MEMBERSHIP
ATHENS VOLUNTEER FIRE DEPARTMENT

Name _____ Date of Birth _____

Address _____ Telephone # _____

Social Insurance Number _____ Married _____ Single _____

Drivers Licence No. And Classification _____

Employer _____ Telephone # _____

Employer's Address _____

Will your Employer give you permission to leave work to go to a Fire? Yes _____ No _____

State Disability, if any _____

Emergency Contact Person _____ Telephone # _____

Would you be willing to take part in Activities and Training as part of the Athens Volunteer Fire Department? Yes _____ No _____

Do you agree to obey ALL Rules and Regulations? Yes _____ No _____

Do you have any Firefighting Experience? Yes _____ No _____
If yes, please list _____

Do you have any Additional Training (first aid, CPR, etc..) Yes _____ No _____
If yes, please list _____

Do you belong to any other organizations? Yes _____ No _____
If yes, please list _____

I realize that if I am approved, I will be on probation for two years. During the first year I must obtain a medical exam and, if need be, obtain a class "DZ" Driver's Licence. I understand that I will be reimbursed for the cost of obtaining the "DZ" licence by the fire department once I have passed the exam.

Applicants Signature _____ Date _____

ALL APPLICATIONS ARE SUBJECT TO REVIEW AND APPROVAL BY THE MEMBERSHIP COMMITTEE.

Chief's Signature _____ Date _____