



**PIERS ISLAND
VOLUNTEER
FIRE DEPARTMENT**

VOLUNTEER REGISTRATION FORM

DATE OF RENEWAL /APPLICATION:

YEAR JOINED PIVFD _____
REQUEST POSITION OF:
 FRONTLINE FIREFIGHTER
 VEHICLE/PUMP OPERATOR
 RADIO OPERATOR
 FIRST RESPONDER
 ALL OF THE ABOVE

NAME _____
(LAST, FIRST, INITIAL)

ADDRESS _____

CITY/PROV _____ **POSTAL CODE** _____

CONTACT INFO

TEL HOME _____

CELL- _____

WORK- _____

EMAIL - _____

DATE OF BIRTH _____
DD/MM/YYYY

EMERGENCY CONTACT INFO:

NAME _____

RELATIONSHIP _____

TELEPHONE

HOME _____

CELL- _____

WORK- _____

EMAIL - _____

DRIVERS LICENCE # _____ **PROV** _____
EXPIRATION _____ **ENDORSEMENTS** _____

FIRST RESPONDER CERT # _____
PROV. _____ **EXPIRATION** _____

**PREVIOUS FIRE FIGHTING, EMERGENCY OR MEDICAL TRAINING
OR EXPERIENCE:**

**SPECIAL SKILLS (E.G. MECHANICAL, ELECTRICAL, MEDICAL,
ORGANIZATIONAL)**

**PHYSICAL OR MEDICAL CONDITIONS THAT MAY AFFECT
PERFORMANCE:**

I HEREBY DECLARE THAT I AM PHYSICALLY FIT AND ABLE TO
CARRY OUT ANY OF THE DUTIES OF A DEFENSIVE FIREFIGHTER.

OR

I AM NOT SUITED TO ACTIVITIES THAT REQUIRE PHYSICAL
FITNESS AND WISH TO ASSIST IN OTHER WAYS, SUCH AS A RADIO
OPERATOR.

X _____

PRINT NAME _____

DATE _____

FIRE CHIEF USE ONLY

APPLICANT IS ACCEPTED
DECLINED

BY: _____

FIRE CHIEF PIVFD

DATE _____

I understand that the Piers Island Volunteer Fire Department is completely volunteer and that this is a voluntary position. I hereby agree to carry out my duties as directed by the Fire Chief. I understand that all members need to practice together as a team and I agree to attend group practice sessions on a regular basis.

Signed _____ Date _____

Print Name _____

Federal and Provincial Legislation prohibits the disclosure of any information contained in this form without the applicants permission.