 

RM OF FISHER FIRE DEPARTMENT

**Application for Volunteer Membership**

Name: Present Address: Phone Number:

What experiences, skills or qualifications do you feel you have that would assist our fire department?

If accepted, do you have reliable means of transportation to get to the Firehall?

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| Do you have any illnesses or disabilities that we should be aware of? |
| e.g. Claustrophobia, asthma, heart disease, etc. |

Signed

Date

Parents signature (if required)

Although attendance at every call is not expected due to life circumstances, an expectation of attendance is understood.