

**Dorion Volunteer Fire Department  
Application for Membership**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Insurance No \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Beneficiary for insurance purposes: \_\_\_\_\_

Relevant experience: Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Any physical disabilities: Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

State class of valid Ontario Drivers License: \_\_\_\_\_

You will be expected to obtain A, B, C, or D class license within one year of your acceptance to The Fire Department if you do not already have one.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**THIS PART TO BE COMPLETED BY PHYSICIAN:**

I certify the above mentioned to be in good health, capable of performing duties as a fire fighter.

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

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Approved by Fire Dept. \_\_\_\_\_  
(Fire Chief) (Date)

Approved by Council \_\_\_\_\_  
(Clerk-Treasurer) (Date)