

Miramichi Fire Department Volunteer Application Form



Contact/Personal Information

Surname: _____ First Name: _____

Maiden Name: _____ Middle Name(s): _____

Date of Birth: Year ____ Month ____ Day ____

Home Address: _____ Miramichi, NB _____
(Postal Code)

Phone: Home: _____ Cell: _____ Work: _____

Email Address: _____ Access to a Vehicle Yes No

Availability Information

Current Employer: _____ Position Held: _____

Company Address: _____

Current Scheduled Working Hours: _____

Will your employer allow you to respond to EMERGENCY Fire pages during work hours? Yes No

If not will your employer allow you to respond to MAJOR EMERGENCY Fire pages during work hours (specific conditions where extra personnel would be mandatory)? Yes No

Education History

Highest Level of Schooling Completed: _____

Courses/Training Obtained: _____

Volunteer Experience

I, the undersigned, affirm the information provided on this application form is accurate to the best of my knowledge.

Signature of Applicant

Date of Application