



Bay Roberts Volunteer Fire Department  
P.O. Box 585 Bay Roberts, NL A0A 1G0  
General Inquires: (709) 786-6951  
Cell (709) 683-7366 Fax: (709) 786-6971  
Emergency calls: (709) 786-6666  
Fire Dept. [f6baytc@nf.aibn.com](mailto:f6baytc@nf.aibn.com)

## **APPLICATION FORM**

Applicant must be between nineteen (19) and forty (40) years of age.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Social Insurance Number: \_\_\_\_\_  
M.C.P. Number: \_\_\_\_\_  
Valid Driver's Licence Number: \_\_\_\_\_ Class Number: \_\_\_\_\_

Can you drive standard shift trucks (yes/no)? \_\_\_\_\_

Can you attend Monday night practices and meetings (yes/no)? \_\_\_\_\_

If no, Please Specify: \_\_\_\_\_

Will you pledge yourself, to the best of your ability, to act in all cases of fire (yes/no)? \_\_\_\_\_

If no, Please Specify: \_\_\_\_\_

Is your ability to perform duties likely to be affected due to a current or previous illness or disability (yes/no)? \_\_\_\_\_

If yes, Please Specify: \_\_\_\_\_

Please state previous history of any cardiovascular disease or disorder:

\_\_\_\_\_  
\_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ ins. Weight: \_\_\_\_\_ lbs.

Chest Measurement: \_\_\_\_\_ Foot Size: \_\_\_\_\_

Use this space if there is any additional information which you would like considered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the statements made by me in this application are true and complete to the best of my knowledge. I understand that if any of these statements are found to be untrue, this application may be rejected.

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

Recommended by two firefighters of good standing:

Firefighter #1 \_\_\_\_\_ Firefighter #2 \_\_\_\_\_