



## LVFD Membership Application

Fill out the application form and drop it off at the Fire Hall on any Wednesday night around 7:00pm, or give it to any of our current members who can submit it on your behalf.

I, \_\_\_\_\_ hereby make application to become a member of the Lawrencetown & District Volunteer Fire Department.

**\*\* In making this application, I agree to obtain and submit an official criminal record report from my local law enforcement agency, which must accompany this application.\*\***

Address:

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, Province

\_\_\_\_\_ Postal Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

<input type="checkbox"/>	Full-Time
<input type="checkbox"/>	Part-Time
<input type="checkbox"/>	Seasonal
<input type="checkbox"/>	Not-Employed

Employment: (Check one)

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

Do you have any disabilities or conditions that would restrict your activities with your department? If yes, please explain:

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Do you have a valid driver's licence? \_\_\_\_\_

Do you have access to a vehicle to respond to the hall? \_\_\_\_\_

Does your occupation/education require you to be outside the fire district?

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Do you have any previous firefighting or medical training? If yes, please explain.

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Please list any other skills, experience or qualifications that might assist you as a firefighter (e.g. CPR).

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Please explain why you wish to become a member of the Lawrencetown & District Volunteer Fire Department. (Attach additional sheets if required)

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Personal References:

1) Name: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

LVFD Member References (If possible)

1) \_\_\_\_\_

2) \_\_\_\_\_

A large amount of time is required by our department to raise funds for department operations and for purchase of equipment. This includes, but is not limited to, dances, auctions, exhibition week activities, etc. Do you agree to participate as required in Department fundraising activities? \_\_\_\_\_

Applicants under the age of 19 must have a parent/guardian sign below.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

By signing below, I certify that all information provided on this application is true and correct. If accepted as a member of Lawrencetown & District Volunteer Fire Department, I agree to abide by the bylaws and regulations of the Department.

Applicant Signature \_\_\_\_\_

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