



**Chase Fire Rescue**

P.O. Box 463  
Chase, B.C.  
VOE 1M0  
(250)679-8655

**Application for Membership**

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The following information is collected by the Village of Chase volunteer Fire Rescue Department in accordance with the Freedom of Information and Protection of Privacy Act, to determine your suitability to perform the duties of a firefighter.

Full Name: _____	Date of Birth: _____
Street Address: _____	Gender: M _____ F _____
_____	Social Insurance # _____
Mailing Address: _____	Care Card #: _____
Home Telephone: _____	B.C. Drivers License # _____
Cell Phone: _____	D.L. Class: _____ Air Ticket: Y _____ N _____
Email Address: _____	Drivers Abstract attached: Y _____ N _____
First Aid Certification: Y _____ N _____ Level: _____	
Other Qualifications: _____	
Firefighting Experience: Y _____ N _____ If yes, how long?: _____	

Marital Status: _____	Employer: _____
Next of Kin: _____	Employers Address: _____
Relationship: _____	_____
Next of Kin Address: _____	Employers Telephone #: _____
_____	Job Title: _____
Next of Kin Telephone #: _____	
Highest school grade completed: _____	Do you work shifts?: Y _____ N _____
Year: _____	Can you respond during work hours?
Other Education: _____	Y _____ N _____

References:	
1: _____	Telephone #: _____
2: _____	Telephone #: _____
3: _____	Telephone #: _____

I, the undersigned, apply to enroll in the Village of Chase Fire Rescue and if accepted, undertake to perform any such duties as may be assigned to me by the Fire Chief or his delegated representative.

I also agree to account for any Fire Department equipment that may be issued to me. I agree to providing a criminal record check and to provide a Drivers Record Abstract as part of this application.

I have read and understand these questions. I consent to undergo a complete medical examination by a qualified medical practitioner and authorize him/her to release this information to the Chase Fire Rescue. I declare that the above information is true and correct to the best of my knowledge.

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