

**CALVIN TOWNSHIP VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP**

NAME: _____

ADDRESS: _____

PHONE: _____ SIN# _____

BIRTHDATE: _____ MARITAL STATUS _____

PRESENT EMPLOYER: _____

ADDRESS: _____ PHONE: _____

HIGHEST EDUCATION LEVEL: _____

ONTARIO DRIVERS LICENCE # _____

HOBBIES OR SPORTS: _____

What skills, knowledge and experience do you feel will benefit you as a firefighter:

REFERENCES: (List names & phone #)

I have read the application package given to me and I understand and agree that any misrepresentation or false information with any phase of this program will be sufficient cause for refusal of this application. I authorize the Clerk/Treasurer and the Fire Chief to make such inquiries and reference checks as deemed necessary.

Signature: _____ Date: _____