

Chipman Station  
10 Civic Court, Unit 1  
Chipman, NB E4A 2H9  
**Phone** 506-339-6601  
**Fax** 506-339-6197



Minto Station  
187A Main Street  
Minto, NB E4B 3N4  
**Phone:** 506-327-3206

grandlake.firechief@municipalityofgrandlake.ca

## Grand Lake Fire Department Application for Membership

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**SIN#:** \_\_\_\_\_ **Present Occupation:** \_\_\_\_\_

**Employers Name:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**References #1:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**References #2:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Please circle the answers to the following questions:**

Which Station are you applying to work out of? **Chipman / Minto**

Can you be called away from work for Emergency Duties? **Yes / No**

Are you willing to take a Medical Examination? **Yes / No**

Are you willing to have a Criminal Record Check completed? **Yes / No**

Do you have spare time to involve yourself with Grand Lake Fire? **Yes / No**

**Highest level of education completed:** \_\_\_\_\_

**What are your plans for the future:** \_\_\_\_\_

**List any experience you have had in the area of Firefighting, First Aid, CPR, or any other training or special courses you have received:** \_\_\_\_\_

**Briefly explain why you are interested in becoming a member of Grand Lake Fire:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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