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

Signature:



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

Date:

grandlake.firechief@municipalityofgrandlake.ca

Grand Lake Fire Department Application for Membership

Name:	Date of Birth:
Address:	
Home Phone #:	
References #1:	Phone #:
References #2:	Phone #:
Please circle the answers to the foll	owing questions:
Which Station are you applying to we	ork out of? Chipman / Minto
Can you be called away from work for	or Emergency Duties? Yes / No
Are you willing to take a Medical Ex	camination? Yes / No
Are you willing to have a Criminal R	Record Check completed? Yes / No
Do you have spare time to involve yo	ourself with Grand Lake Fire? Yes / No
Highest level of education complete	ed:
	<u>;</u>
List any experience you have had	in the area of Firefighting, First Aid, CPR, or any other e received:
Briefly explain why you are interes	sted in becoming a member of Grand Lake Fire: