



# CHERRY CREEK FIRE DEPARTMENT

5920-B CHERRY CREEK RD. PORT ALBERNI, B.C. V9Y 8R7

WATER BOARD OFFICE ~ 723-2214 / FIRE HALL ~ 723-2254 / FAX ~ 723-0225

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## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

PHONE: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

IN CASE OF EMERGENCY PHONE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

PHONE: \_\_\_\_\_

WORK SHIFTS: \_\_\_\_\_

DUTIES: \_\_\_\_\_

YEARS OF SERVICE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

CLASS: \_\_\_\_\_

*\*DRIVER'S PROFILE TO BE SUPPLIED BY APPLICANT*

FIRST AID TRAINING: \_\_\_\_\_

CLASS: \_\_\_\_\_

PREVIOUS FIRE DEPARTMENT: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

DENTIST: \_\_\_\_\_

PHONE: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER ORGANIZATION: \_\_\_\_\_

SPONSORING FIRE PERSONNEL: \_\_\_\_\_

***I AGREE TO ABIDE BY THE CHERRY CREEK FIRE DEPARTMENT CONSTITUTION  
AND THE DISTRICT'S FIRE PROTECTION BYLAW.***

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_