



Gravenhurst Volunteer Fire Department

Application For Membership

Name: _____ Date: _____
 Address: _____ Phone: _____
 Length of time at current address: _____
 Apprx. Distance from fire station: _____ Health Card #: _____
 Date of Birth: _____ Age: _____ Marital Status: _____
 Present Employer: _____
 Employer's Address: _____
 Nature of Employment: _____ How Long? _____

PLEASE HAVE EMPLOYER SIGN BELOW

I, _____ understand that fire alarms can occur at any time, and authorize the above employer to attend fire alarm calls during working hours without penalty. I further understand that the Gravenhurst Volunteer Fire Department will attempt to return the above employee to work as soon as possible.

_____ signature _____ date

Does your job include shift work? Yes No What hours? _____
 Education: Elementary Secondary Post-Secondary _____
 Diplomas, trade certificates, special training? _____
 Driver's License #: _____ Class: ___ Z endorsement? Yes No
 Do you have 24-hour transportation available? Yes No
 Have you ever been convicted of a driving offense? Yes No
 If yes, describe in full: _____
 Have you ever been convicted of a crime? Yes No
 If yes describe in full: _____
 Police Record Check attached? Yes No If No, explain _____

PRC's are mandatory for all applicants. All applicants must present a clean PRC with this application form. A clean Police Record Check means:

- a) No criminal record as defined by the "Criminal Records Act."
- b) No pardon(s) for a sexual offence as set out in the recent amendments of the "Criminal Records Act."
- c) No outstanding criminal charge(s).
- d) No order(s) made in the interest of safety under the criminal code which would restrict the applicants access to weapons, firearms, explosives or other prohibitions;
- e) No contact access or behaviour restriction(s) with any person; or
- f) No order(s) made under the child protection legislation which is intended to restrict the applicant's access to children.

I certify that the answers to the questions on this application are true to the best of my knowledge. I also agree to provide information on request including personal information as defined in the Municipal Freedom of Information and Protection of Privacy Act and the Freedom of Information and Protection of Privacy Act.

_____ Applicant's signature _____ Date

Medical Questionnaire

1. Are you now, or have you ever been associated with a tubercular person or have you a family history of mental or nervous disorders to the best of your knowledge and belief? Yes No
2. To the best of your knowledge and belief, have you ever had or been under the observation for any disease or disorder:
 - a) Of the brain or nervous system (convulsions, nervous breakdown, insanity, loss of consciousness, spinal disease or paralysis included)? Yes No
 - b) Of the throat, lungs or chest (pleurisy, asthma or bronchitis included)? Yes No
 - c) Of the heart, blood vessels or abnormal blood pressure (palpitation or shortness of breath included)? Yes No
 - d) Of the stomach, intestines or liver (gall stones, ulcer or appendicitis included)? Yes No
 - e) Of the genito-urinary organs (any kidney trouble, prostatotos, gonorrhoea, diabetes, albumin or sugar in urine included)? Yes No
 - f) Including anemia, arthritis, neuritis, rheumatism, syphilis, tumor, cancer, goiter, tuberculosis, rectal trouble or mastitis? Yes No
 - g) Including any kind of hernia, bodily deformity, impaired vision or hearing, or any illness, injury or impairment not already mentioned? Yes No
3. Have you ever had a surgical operation? Yes No
4. Have you ever had a surgery advised and not performed? Yes No
5. Have you consulted a physician in the past year other than as above (including checkups)? Yes No
6. What was the date of your last medical checkup? _____
7. Have you at any time had an examination by a psychiatrist? Yes No
8. What are the details of any "Yes" answers to questions 1 thru 6? _____
9. Do you wear glasses or contact lenses? Yes No
10. Are you currently taking or do you regularly take any prescription drugs? Yes No
If yes to question 9, please list medications _____
11. Do you suffer from chronic back pain, pulled or sore muscles, ligaments or joints? Yes No
12. Have you ever sustained a back injury, minor or major? Yes No
13. Are you in good health to the best of your knowledge and belief? Yes No

I certify that the information given in these answers is true. I further understand that I may be required to undergo a physical now or at any time in the future at the discretion of the Gravenhurst Volunteer Fire Department.

Applicant's signature

Date

EMERGENCY NOTIFICATION

Person to be notified in case of an emergency or accident:

Relationship: _____ Phone: _____