



# BARRIERE FIRST RESPONDER MEMBERSHIP APPLICATION

**\*PLEASE PRINT**

Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Box No, RR#, City or Town

yyyy/mm/dd

Postal Code \_\_\_\_\_

FR Certificate No. \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Driver License Number and class \_\_\_\_\_

Have you been a member of this department before?  No  Yes, if yes when \_\_\_\_\_

State any previous experience which might benefit the department:

First Aid Training \_\_\_\_\_

# of years \_\_\_\_\_

(what type and if valid)

Fire Department \_\_\_\_\_

# of years \_\_\_\_\_

Other Training (be specific) \_\_\_\_\_

Do you have any physical ailments that might hinder you in carrying out your duties as a volunteer first responder? \_\_\_\_\_

Are you on any medications? If so what? \_\_\_\_\_

Will you:

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| A. Attend all practices if possible?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| B. Attend all calls if possible?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| C. Attempt, to the best of your ability, any duties expected of a volunteer of this society? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| D. Carry out, to the best of your ability, the orders from the person in charge on scene?    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| E. Take pride in being a member of this society, its hall, equipment, etc.?                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If for any reason, you leave this society, do you agree to return any and all property immediately?  Yes  No

By signing below, I hereby give my permission for the society to conduct a criminal record check and a driver abstract. To the best of my knowledge, I believe the above to be true.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**If applicant is under the age of 19 parents must sign consent**

\_\_\_\_\_  
Mother, Father or Legal Guardian

\_\_\_\_\_  
DATE