



Cape Breton Regional Fire Services



Hazardous Materials Team

Volunteer Membership Application

Personal Information

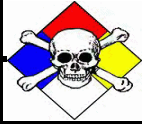
| | | |
|-------------------|-------------------|-------------------|
| Last Name | First Name | Middle Name |
| Mailing Address | | Postal Code |
| Email Address | | |
| Home Phone Number | Cell Phone Number | Work Phone Number |

Employer Information (All Employers must be listed)

| | | |
|-------------------------|------------|--------------|
| Name (Present Employer) | | |
| Address | | |
| Phone Number | Fax Number | Contact Name |
| Name (Other Employers) | | |
| Address | | |
| Phone Number | Fax Number | Contact Name |
| Name (Other Employers) | | |
| Address | | |
| Phone Number | Fax Number | Contact Name |

Education

| | |
|-------------------|-----------------|
| Grade/High School | Grade Completed |
| Post Secondary | Level Completed |
| Trade/Technology | Certification |



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Volunteer Experience

| | | |
|--------------|----------|-----------------------|
| Organization | Position | Description Of Duties |
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Availability (Estimated Percent Of Time You Can Attend)

| | |
|------------------------------|---|
| Emergency Response (Ex. 85%) | Availability For Training (% Per Month) (Day & Night) |
|------------------------------|---|

Will Your Employer Allow Time For Response?

Medical History (All Applicants Shall Be Medically Evaluated Prior To Acceptance)

Do You Have Any Illness, Disease, Or Injury That Could Impair Your Mental Or Physical Activity? ___ Yes ___ No
Explain..

Are You On Any Medication That Could Impair Mental Or Physical Activity? ___ Yes ___ No
Explain..

Emergency Contact Information

| | | |
|---------------|--------------|--------------|
| Name | Phone Number | Relationship |
| Address | | Postal Code |
| Doctor's Name | | Phone Number |

References

| | | |
|------|--------------|--------------|
| Name | Phone Number | Relationship |
| Name | Phone Number | Relationship |
| Name | Phone Number | Relationship |

By signing this document, I am swearing or affirming that the information above is true and correct to the best of my knowledge. I understand that any falsification or deception of any kind of the above information may be grounds for my membership not being approved or dismissal from the team.

Signature:

Date: