



NORTH OYSTER FIRE RESCUE

MEMBERSHIP APPLICATION

PERSONAL DATA

Last Name		First Name		Middle Initial
Current Address				
City	Province	Postal Code	Email	
Date of Birth:				
Cell Phone ()	Home Phone ()		Business Phone ()	
How long have you resided in the North Oyster area?			How long do you plan to reside in the North Oyster area?	
Do you hold a valid BC Driver's License?	Yes	No	Class:	Restrictions/Endorsements:
Are you willing to submit a driver's abstract?	Yes	No		
Are you willing to submit the results of a medical exam?	Yes	No	Are you willing to undergo a criminal record check?	Yes No

EDUCATION

Secondary School Grade Completed (or Equivalency):			Year Last Attended:
Post Secondary, Vocational or Trade Training?	Yes	No	Subject, Degree or Qualification & Date Completed:
List any other specialized education, apprenticeship skills or professional designations:			

EMPLOYMENT

Are you currently Employed?	Yes	No	Occupation:	
Employer's Name:		Employer's Location:		
Would your employer allow you to respond to emergency calls during working hours?	Always	Usually	Rarely	Never

4821 Yellow Point Road
 Ladysmith, BC V9G 1H2
 Phone: (250) 245-5111
 E-mail: novfd@shaw.ca





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REFERENCES

Name and Contact Information:	
Name and Contact Information	
Name and Contact Information	

TRAINING

Have you served as a volunteer Fire Fighter in the past?	Yes	No
If yes, where?	When?	
List any other training you have taken (by date), which would be of benefit to a volunteer fire fighter:		

Position(s) applying for:	Firefighter	Auxiliary Firefighter
Do you have any physical ailments/disabilities/phobias which could affect your abilities to perform the duties of the position you are applying for? If yes, please explain:		

PLEASE READ CAREFULLY

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may be cause for my dismissal. If accepted as a Fire Fighter, I agree to abide by all rules and regulations of the CVRD and the Volunteer Fire Department, including serving an initial probationary period.

Applicant Signature:

Date:

Please email this form to chief@novfd.ca

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Date: August 30th, 2024 - NOFR App Form