



# Ships Point Volunteer Fire Department

7729 Vivian Way  
Fanny Bay, BC V0R 1W0

Phone: 250.335.0551

Email: spvfd@shaw.ca

## Application for Membership

Drivers Lic #: \_\_\_\_\_ Class: \_\_\_\_\_ Air Ticket: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Day Month Year

Mailing Address: \_\_\_\_\_ Phone # (R) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Medical Card #: \_\_\_\_\_ Name of Family Dr: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Medical Issues: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_

Past Fire Fighting/Medical Training: \_\_\_\_\_

Reason for joining Ships Point Volunteer Fire Dept:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you adverse to Criminal Record Check: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you agree to abide by rules & regulations of Ships Point Volunteer Fire Dept? \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Item	Date	Item	Date
Data Base		ID Card	
Insurance		Pager #	
Picture		Turn-Out Gear	
Jacket/Hat/T-Shirts		Copy of OGs	
Coveralls		License Plate	
Book		FF #	