

Lower Nicola Fire & Rescue Department

Firefighter/Auxiliary/Junior Application

Are you applying for:

Firefighter Auxiliary Junior

Name: _____

Address: _____ City: _____ Postal Code: _____

Cell #: _____ Home #: _____

Email: _____

Do you have a valid Driver's License? Yes No

License #: _____ Class: _____ Air Brakes: Yes No

Personal Health Number: _____

Birthdate: _____

Status # (if applicable): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Parent/Guardian Consent for Junior Program (18 years and under)

I, _____, give consent for my child, _____ to participate as a Junior Firefighter with the Lower Nicola Fire & Rescue Department.

Skills & Experience

Do you have any of the following skills or training?

- First Aid Certificate/CPR/AED Previous Emergency Volunteer Experience
 Previous Firefighter Skilled Trade – Please Specify: _____
 Other - Please Specify: _____

Applicant Signature: _____

Date: _____

Parent/Guardian Signature _____

Date: _____