



Sunnyside Volunteer Fire Department
P.O. Box 76 Sunnyside, NL, A0B 3J0

Application for Membership

Name: _____

Address: _____

Telephone Home: _____ Business: _____

Employment: _____

Marital Status: _____ Age: _____

Driving Experience: _____

Date of Last Medical: _____ Height: _____ Weight: _____

Medical Conditions: _____

Previous Firefighting/Rescue Experience: _____

Circle your answer

Are you willing to attend training courses? Yes or No

Do you hold a valid First Aid Certificate? Yes or No

Do you have a valid driver's licence? Yes or No

Date:

Signature:

IN CASE OF EMERGENCY CALL 472-4444