

MAGRATH EMERGENCY SERVICES
Application Form

Date: _____

Name: _____

Date of Birth: _____

Address: Box _____

Drivers Licence # _____

Street _____

Class: _____

Magrath, AB. T0K 1J0

Phone: _____

Social Insurance # _____

Minimum age for acceptance into active duty is 18 years.

Please answer the following questions with 'yes' or 'no' and give additional explanations where necessary.

1. Are you willing to follow the rules, regulations, and protocols of the Magrath Fire Department? _____
2. Do you have any physical limitations which might interfere with your performance as a volunteer firefighter? _____
If Yes explain. _____
3. Special skills or training (check those applicable or specify)
First Aid ___ CPR ___ EMR ___ EMT-A ___ Others _____
Firefighter courses _____
Trade Qualifications (e.g. Mechanic) _____
4. Additional Comments _____

Signature of Applicant _____ Date _____

Application re: FIRE DEPT _____ AMBULANCE _____ RESCUE _____

Submit c/o: Town of Magrath, Town Administrator
Box 520, 55 South 1st Street West
Magrath, AB T0K 1J0
tel (403) 758-3212

----- For office use only -----

Application Reviewed by: _____ Date _____

Approved _____ Rejected _____