



Volunteer Fire Fighter Application

I hereby make application for the above position with the Edwardsburgh/Cardinal Fire Department and submit the following information for the Selection Committee.

Name: _____

Phone Numbers: _____

Civic Address: _____

Mailing Address: _____

When are you available to respond? To emergency calls:

Do you have any previous Firefighting experience? _____

Occupation: _____

Present Employer: _____

Immediate Supervisor: _____

Supervisor Phone Numbers: _____

Other Skills or Qualifications:

Personal References (No family members)

Name: _____ **Phone #** _____

Address _____

Name: _____ **Phone #** _____

Address _____

Do you know any active members of Edwardsburgh/Cardinal Fire Department?

1) _____ 2) _____

3) _____ 4) _____

Describe why you would like to become a member of the Edwardsburgh/Cardinal Fire Department:

I hereby certify that the information set forth and attached is true and complete, and I understand that omissions or false statements will be considered sufficient cause for rejection of my application, or discharge if my application has been accepted.

Date: _____ **Signature:** _____

Completed applications can emailed to bmoore@twpec.ca
or delivered/mailed to the Spencerville Fire Station at:
6055 County Rd 44
Spencerville ON K0E 1X0