Fire Services Application for Membership

Saddle Hills County

Thank you for your interest in volunteering to protect our communities.

Date (yyyy-mm-dd):

Which Fire Department are you applying to join

- [ ] Blueberry
- [ ] Bonanza
- [ ] Happy Valley
- [ ] Savanna
- [ ] Woking
- [ ] Don't Know

Name *

Date of Birth *

Mailing address *

City/Town

Postal Code *

Phone (work/home) *

Cell Phone Number

Home Address

Occupation *

Current Employer *

Time with Current Employer *

Previous Employers *

Previous fire service experience *

Training courses (fire or other)

Reference 1: *

Ref. 1 Phone: *

Reference 2:

Ref. 2 Phone:

Signature

Notice of Collection

The personal information on this form is being collected for the purpose of determining eligibility to serve with one of Saddle Hills County's Volunteer Fire Departments and will be shared with Council and Administration. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact admin@saddlehills.ab.ca or call (780) 864-3760.

Please send me a pdf copy of this form

- (●) Yes
- ( ) No

Email address for copy of form *