



**PROTECTIVE SERVICES**  
SYLVAN LAKE FIRE DEPARTMENT

**APPLICATION FOR MEMBERSHIP**

Name (please print):		Phone: ( ) -
Address:		
City:	Province:	Postal Code:
Current Employer:		Phone: ( ) -
Years employed at present position:		Shift:
Employer's Signature:		Date:
Will your employer allow you to attend calls during business hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**CONDITIONS OF MEMBERSHIP**

The following conditions must be achieved in order to become a member of this department:

1. The medical approval on this application must be signed by a medical doctor.
2. A criminal records check, which is available from the *Sylvan Lake Detachment of the R.C.M.P.*, must be presented to the Fire Chief or Deputy Fire Chief of the Sylvan Lake Fire Department.
3. A driver's abstract must be provided with application.
4. A satisfactory three-month training period is required as well as the completion of the *New Member Training Prerequisites*.
5. Approval by the *Sylvan Lake Fire Department's Executive Committee*.
6. Any costs incurred in completing this application are the responsibility of the applicant.



**MEDICAL APPROVAL**

(Applicant) \_\_\_\_\_ is physically fit and would have no anticipated problems performing the physical duties of a firefighter.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_, declare that the information provided by myself in this document is correct and that I understand the contents entirely. I also declare to fulfill the rules and regulations of the Sylvan Lake Fire Department.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note: This is not a wage earning position but rather a service to our community that has few fringe benefits and asks much in return.**

The personal information on this form is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and is protected by the FOIP Act. If you have any questions or concerns about the collection and use of this information, please contact the Fire Chief of the Town of Sylvan Lake at (403) 373-7406 or (403) 887-1136.