**Reserve Mines Fire Department – Station 25**

*Application for Auxiliary Membership*

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**Personal Information**

First Name: Address:

Middle Name: City:

Last Name: Postal Code:

Home Phone: Cell Phone:

Marital Status: Driver’s License: Yes / No

Education:

Next of Kin:

Address: Postal Code:

City: Phone:

**Work Information**

Occupation: Address:

Supervisor: City:

Work Phone: Postal Code:

Work Experience:

Previously, have you ever been a member of another volunteer organization?

Yes / No

If yes, what organization:

**Applicant Declaration:**

In applying for entry, I hereby agree to abide by all instructions, by-laws and orders governing this Organization. I agree to take proper care of all clothing; stores and equipment entrusted in my care and return the same as required. I pledge myself to co-operate with those in charge of the Department in all activities and to prepare myself in every possible way for more effective service to my community.

Signature: Date: