

Brookfield Fire & Emergency Services
Application for Active Membership

Personal Information

Name (in full) _____ Date _____

Civic Address _____

Mailing Address _____

Citizenship _____ Drivers License Master Number _____

Date of Birth _____ Phone (work) _____

Phone (home) _____ Phone (cell) _____

Email address _____

Person to Notify in case of Accident _____

Relationship (if any) _____ Contact Information _____

Family Physician _____ Contact Information _____

Employment

Occupation _____ Employer _____

Work Schedule _____

Previous Fire Service Activity

Department/Brigade Offices held Years

Fire Service or related Training _____

Other Volunteer Activities/Interests _____

Personal References

1) _____

2) _____

Are you willing to provide a Criminal Background Check? Yes No

Department Use Only

References CPIC Driver Abstract Medical Physical Ability GOG Review

Date Probationary Period Begins _____

Date of Full Membership _____ Signed _____

Denomination (if any) _____ Health Card # _____