



Corporation of the Town of Mattawa

Telephone: (705) 744-5611 • Fax: (705) 744-0104

160 Water Street — P.O. Box 390

MATTAWA, ONTARIO P0H 1V0

MATTAWA FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

1. Name: _____
2. Address: _____
3. Home telephone number: _____ Work telephone number: _____
4. Length of time at present address: _____
5. Drivers License # _____ Class of License _____
6. Emergency Contact: _____ Relationship: _____
Home telephone number: _____ Work telephone number: _____
Address: _____
7. Current Employer: _____
Address: _____ telephone number: _____
Supervisor: _____
8. Nature of Employment: _____
9. Will your employer allow you to attend fire calls during your work hours? Yes: ___
No: ___
10. Are you on shift work? Yes ___ No: ___
11. Do you possess any special training or abilities that would be beneficial as a Fire fighter?

12. Why do you wish to become a Fire Fighter?

Signature: _____ Date: _____