

Schedule 'B'

Rural Municipality of Ste. Anne

VOLUNTEER FIRE BRIGADE

Application Form

Name: Taylor Christina Applicant SIN: 659 - 436 - 943

Legal Description: _____ Birth Date: 27/09/93
Day/Month/Year

Address: Box 439 Home Phone Number: _____
Richer MB Cell Phone Number: 204 - 792 0291
ROE 150

Place of Employment: CEMR Rail Occupation: Conductor
Address: 2675 Day Street Availability: _____ Day: Anytime
Night: anytime

Valid Driver's Licence No.: CA-RI-ST-W078w7 Class: 5F, 6L

Are you prepared to obtain the required license? _____

Are you prepared to sign a form giving authority to the RM of Ste. Anne to obtain your Driving Record?
Yes No

Previous Experience

Served on Fire Brigade? Yes No Where: _____ Number of years served? _____

Fire Training and experience:
First Aid, Fire extinguisher training 2025.

State Level passed: _____

St. John's Ambulance Member: Courses: _____ Year: _____

Are you prepared to take courses offered by the Fire Commissioner's Office, which are paid for by the Municipality? Yes.

Are you prepared to serve as: Chief _____ Deputy _____ Firefighter:

[Signature]
Signature of Applicant