



**Application for a ONE DAY Fire Fighter Experience  
in Partnership with Squamish Fire-Rescue**

**HOWE SOUND SECONDARY SCHOOL – CAREER PROGRAMS OFFICE – P: 604-892-9792 – F:604-892-5618**

<b>Student Name</b>	<b>Grade</b>	<b>Student Phone</b>
<b>Address</b>		<b>Student Email</b>
<b>Parent/Guardian Name</b>		<b>Parent Phone</b>
<b>Reference Name (NOT a family member)</b>		<b>Reference Phone</b>
<b>Relationship to Reference</b>		

**What is it about Fire & Emergency Services that interests you?**

**What is it you would like to get out of this experience? Please explain in detail.**

**Are you involved in any volunteer activities? If yes, please list.**

**What sports, hobbies or other activities are you interested in?**

**Activities during this experience can be demanding. Have you ever had any health problems such as asthma, diabetes, heart trouble, seizures, bleeding disorder, fainting spells, or any other health condition that may restrict your ability to participate? If yes, please explain (be specific)**

<b>Student Signature</b>	<b>Parent/Guardian Signature</b>
<b>Name</b>	<b>Parent/Guardian Name</b>
<b>Date</b>	<b>Date</b>