



**Application for a TWO 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

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

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)

Student Signature	Parent/Guardian Signature
Name	Parent/Guardian Name
Date	Date