



# VICTORIAN FIRE & RESCUE SQUAD Inc.

*Safety in Motor Sport*

## MEMBERSHIP APPLICATION FORM

**Full Name:** I \_\_\_\_\_ of \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Post Code** \_\_\_\_\_

Wish to apply to become an Active member of the Victorian Fire & Rescue Squad Incorporated.

**Home Ph** \_\_\_\_\_ **Mobile** \_\_\_\_\_ **Bus Ph** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Emergency Contact 1:** Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact 2:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list below any existing medical or physical conditions that may be aggravated by the work that may be undertaken by the VFRS.

**Medical Conditions** \_\_\_\_\_

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**IF REQUIRED A MEDICAL COMPETENCY CERTIFICATE MUST BE PROVIDED**

**Previous Experience / Training** (Motor sport or Fire) \_\_\_\_\_

**Do you hold a current CAMS licence? (Y / N)** (delete one)

**Lic. No** \_\_\_\_\_ **Grade/s** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

Due to the nature of some events attended by the VFRS that are conducted under the Confederation of Australian Motor Sport (CAMS) rules and in accordance with the operational guidelines of the VFRS, a police check may be required.

I \_\_\_\_\_ declare that I **do / do not** (delete one) consent to the Victorian Fire & Rescue Squad Inc. conducting a police check before approval is given to becoming a member.

CAMS and the VFRS have a zero alcohol & drug policy for all officials participating at motor sport events. I understand that a zero alcohol & drug policy is enforced for all officials / members whilst on duty at motor sport events or operating Squad equipment, and that random blood alcohol / drug testing of officials/members may be conducted during an event.

I agree to be bound by the rules and constitution of the Victorian Fire & Rescue Squad for the term of my membership and pay an annual membership fee currently set at \$15.00.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**VFRS use only:**

Membership fee paid: Yes / No Date: \_\_\_\_\_ Payment: CASH/EFT/CHQ Receipt No. \_\_\_\_\_