



# CITY OF ABBOTSFORD FIRE RESCUE SERVICE

32270 GEORGE FERGUSON WAY • ABBOTSFORD, BC • V2T 2L1

TELEPHONE: (604) 853-3566 • FACSIMILE: (604) 853-7941

WEBSITE: WWW.ABBOTSFORD.CA/FIRE

## SECONDARY FIRE ACADEMY REFERRAL FORM

(Print Legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ Prov: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

Email: \_\_\_\_\_ AGE: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

What are your future goals? \_\_\_\_\_

\_\_\_\_\_

### REFERRAL:

Teacher Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Teacher Signature

Date

I pledge that the information contained in the application form is true and accurate.

I hereby give consent to the Abbotsford Fire Rescue Service to conduct verification of information given, as required.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date