Vancouver Island Emergency Response Academy

Confirmation Of Employment Or Membership

Applicant

Name:	Date:
Address:	
Email:	Phone:
This form is to confirm that the Applicant is a member or employee of the	
The form to to commit that the / ipphoant is a mor	
	(Fire Department or Employer)
Fire Chief or Supervisor Name	
Name:	
Address:	
Phone:	
Signature	Date Submitted