



Bow Horn Bay Volunteer Fire Department

220 Lions Way, Qualicum Beach, BC V9K 2E2

Phone: 250-757-9433 Fax: 250-757-9423

Cadet Firefighter Parental Consent Letter

Date: (yyyy/mm/dd) _____

I, _____ (name of person giving consent),

_____ (relationship - ie: father, mother)

of _____ (name of cadet)

born _____ (birthdate of cadet)

**consent to his/her enrollment in the Justice Institute of British Columbia
Firefighter I and II training program, and to practice with the Bow Horn Bay
Volunteer Fire Department as a cadet firefighter.**

signature of person giving consent

signature of Bow Horn Bay VFD Chief, D/C, or Training Officer

on date _____