



Volunteer Fire Department
Application Form

*Personal information on this form is collected under the authority of the Freedom of Information Act,
and will be used to determine eligibility for employment as a Paid Volunteer Fire Fighter.*

Name: _____ Birth Date: _____
Surname Given Month / Day / Year

Address: _____

Province: _____ Postal Code: _____

Phone: (Home) _____ (Work) _____

(Cell) _____ Email: _____

S.I.N.: _____

Employment History:

Name of present/most recent Employer: _____

Address: _____

Duties/ Responsibilities: _____

Fire / EMS Training: _____

First Aid Training / CPR: _____

Please list any relevant training or experience you possess that you feel would be beneficial to the Department, e.g. fire suppression training, first aid, S.C.B.A. certification, etc.



Please list any special skills or abilities that you possess which you feel would be beneficial to the Department.

Are you available to respond to emergencies during:

Daytime hours? Yes / No _____

Evening hours? Yes / No _____

The weekend? Yes / No _____

Are you 18 years of age? Yes / No

Are you legally entitled to work in Canada? Yes / No

Do you have any medical conditions/physical limitations that could prevent you from performing the physical demands of firefighting? Yes / No

Current class of driver's license: _____

Applicants Name: (print) _____

Applicants Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Station Location: (please circle one)

Piney
Station No. 1

Sprague
Station No. 2

Woodridge
Station No. 3