



6092 Boundary St. PO Box 48, Vassar, MB R0A 2J0
Ph: 204-437-2284 / 204-437-2060
Fax: 204-437-2556
E-mail: office@rmofpiney.mb.ca

Volunteer Fire Fighter Application

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 for the Rural Municipality of Piney.

APPLICANT INFORMATION:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Surname	Applicant Given Name	S.I.N.
DOB: <input type="text"/>	<input type="text"/>	
MM/DD/YYYY	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Work Phone

APPLICANT MAILING ADDRESS:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PO Box	Town/City	Province	Postal Code

EMERGENCY CONTACT:

<input type="text"/>	<input type="text"/>	
Name	Relationship	
<input type="text"/>	<input type="text"/>	
Home Phone	Cell Phone	Work Phone

EMPLOYMENT HISTORY:

<input type="text"/>
Name of Present/Most Recent Employer
<input type="text"/>
Employer's Address
<input type="text"/>
Duties/Responsibilities

Current class of driver's license:



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Fire/EMS Training

☐ Vulnerable Sector Check Complete

First Aid Training/CPR

☐ Drivers Abstract Complete

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:

When are you available to respond to Emergencies? (check all that apply)

☐ Daytime Hours

☐ Evening Hours

☐ Weekend Hours

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 fire fighting?

☐ YES

☐ NO

Station Location:

☐ Station 1 – Piney

☐ Station 2 – Sprague

☐ Station 3 – Woodridge

Applicants Name:

(please print)

Applicants Signature:

Date:

Witness Signature:

Date: