
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:

Applicant Surname	Applicant Given Name	S.I.N.
DOB:		
MM/DD/YYYY	Email	
Home Phone	Cell Phone	Work Phone

APPLICANT MAILING ADDRESS:

PO Box	Town/City	Province	Postal Code

EMERGENCY CONTACT:

Name	Relationship	
Home Phone	Cell Phone	Work Phone

EMPLOYMENT HISTORY:

Name of Present/Most Recent Employer
Employer's Address
Duties/Responsibilities

Current class of driver's license:

Phone: 204-437-2284
Fax: 204-437-2556
office@rmofpiney.mb.ca



RM of Piney
PO Box 48
Vassar, Manitoba
R0A 2J0

Fire/EMS Training

First Aid Training/CPR

☐ Vulnerable Sector Check Complete

☐ 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: