JAN 2018

BUCKLAND FIRE AND RESCUE
VOLUNTEER FIREFIGHTER APPLICATION FORM

Last Name:_____ First Name: _____ Middle Name:_____

Home Physical Address: _____

City/RM: _____

Mailing Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address(s): _____ ; _____

SIN#: _____

Are you 18 years of age or older? Yes ☐ No ☐

Do you have a valid driver's licence: Yes ☐ No ☐ Drivers Licence #: _____

Driver's Class: 1☐ 2 ☐ 3 ☐4 ☐ 5 ☐ Air Brakes: Yes ☐ No ☐

Employer: _____

Occupation: _____

Location: _____

Are you currently a member of another volunteer Fire Department? Yes ☐ No ☐

Availability to respond to emergency calls: 24/7 ☐ Weekdays ☐ Evenings/Weekends ☐

Do you have any physical limitations/health problems or phobias that may affect or limit your performance as a first responder? Yes ☐ No ☐ If yes please provide details.

_____

_____

_____

Indicate the type of work you are interested in doing:

Structural Fire Fighting ☐	Vehicle Rescue ☐	Farm Rescue ☐
Water/Ice Rescue ☐	High Angle Rescue ☐	Confined Space Rescue ☐
Committees ☐	Administration ☐	Public Education ☐
Inspections ☐	Training ☐	Mechanical Maintenance ☐

In case of an emergency, who should we contact (provide two contacts)?

1) Name: _____ Relationship: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____

2) Name: _____ Relationship: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____

Describe any previous Emergency Volunteer, Firefighter, First-Aid or other First Responder training/experience/skills that you have, attach additional sheet if necessary. Attach any applicable education/training certificates.

_____

_____

_____

_____

Describe any other experience/skills that maybe applicable to the Fire Department (i.e. carpentry/ mechanical/electrical/plumbing/other), attached additional sheet if necessary.

_____

_____

_____

READ CAREFULLY BEFORE SIGNING

- I, the undersigned, apply to enroll as a volunteer with Buckland Fire and Rescue, and if accepted will undertake to perform such duties as may be assigned by the Fire Chief, or his/her delegate.
- I certify that the information submitted or provided in this application is truthful and correct. I understand that if I provide information in connection with my application which is found to be untrue or incomplete, my application may be rejected and I may be subject to discipline up to and including termination if I am hired as a successful applicant.
- I understand that there will be a probationary work period during which my performance and suitability for the position will be reviewed.
- I understand that as a condition of volunteering I may be required to pass a medical exam before my confirmation.
- I understand that as a condition of volunteering I consent to a Criminal Record Check.
- I understand that as a condition of volunteering I consent to a Driving Record Check.

Applicant's Signature: _____ Date: _____