



Wembley Fire Department Volunteer Firefighter Application Form



PLEASE NOTE: The personal information on this form is being collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP Act) RSA 2000 CF-23. If you have any questions about the collection, use and protection of this information, please contact the Town of Wembley FOIP Coordinator at 780-766-2269 or admin@wembley.ca.

Name _____ (_____)
Surname **Given** **Initial**

Address: _____ Town: _____
Years ____.

Phone #: _____ Type (Android, iPhone) _____ Carrier _____

Email: _____

Occupation : _____

Employment History:

Name of present/most recent Employer: _____

Address: _____

Duties/ Responsibilities: _____

Former Employer: _____

Address: _____

Duties/Responsibilities: _____

Have you discussed with your employer the fact that you are applying for a volunteer position with the Wembley Fire Department? Yes [] No [] If yes, did your employer express any negative reaction:

Education:
Secondary School _____ Diploma: _____

College/ University _____ Diploma: _____

Courses/ Workshops/ Seminars: _____

First Aid Training/ Certificates: _____

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



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

Do you hold a valid driver's license? Yes No
Class # _____ Airbrakes _____ Province _____ Restrictions (If Any) _____

List below all automotive/ traffic violations received in the last 36 months.

Have you ever been convicted of a criminal offence in which you have not received a pardon?

Do you hold a valid First Aid/ CRP, MFR, EMR, EMT Certificate or license?

Do you understand that a successful applicant is required to remain without a beard and clean shaven as per department guidelines to ensure a self-contained breathing apparatus mask will form a positive seal on the face? Y N Please provide concerns if no.

Are you available to respond to emergencies during?

The daytime? Y/ N
The night? Y/ N
The weekend? Y/ N

Please provide three references that we may contact:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____



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I _____ authorize the Wembley Fire Department to contact the persons or organizations listed above for the purpose of obtaining reference information including information contained in my personnel file. These persons are authorized to disclose such information.

Potential members will be interviewed by the appropriate Fire Department Officer and may be interviewed by the Fire Chief of the Wembley Fire Department.

Applicants may be subject to a physical examination by a doctor under the discretion of the Fire Chief at the applicant's expense.

If accepted applicants shall be required to submit to a Physical Demands Test

Applicants, who are selected, will be required to supply a current Criminal Record Check.

Applicants, who are selected, will be required to supply a current Drivers Abstract.

Accepted applicants are subject to a minimum of a six-month probationary period and are required to successfully complete minimum training requirements before full status is granted.

Applicants Name:
(Print) _____.

Applicants Signature: _____ Date: _____ .

Witness Signature: _____ Date: _____ .

Comments: