

# WOODLANDS COUNTY FIRE PROTECTION & EMERGENCY SERVICES

## Application for VOLUNTEER FIREFIGHTER



Anselmo Fire Department       Fort Assiniboine Fire Department  
 Blue Ridge Fire Department       Goose Lake Fire Department  
 (check one)

### Applicant Information

Surname	First	Middle
Mailing Address: _____		
_____		
Phone: Res: _____ Bus: _____ Cell: _____		
Location of Residence (Street Address OR Legal Land Description): _____		
Next of Kin: _____ Relationship: _____		
Phone: Res: _____ Bus: _____		

### Employment History

Occupation: \_\_\_\_\_

Provide information on present and last two employers:

Name	Address	Contact Person & Phone Number	Month/Year
			From: To:
			From: To:
			From: To:

### Certification of Employer

As the Employer of the applicant named above, I am aware of this application for Fire Department Membership, and consent to the application.

Full Name	Position
Print Name in Full	Date Signed

## Skills & Training

Education: \_\_\_\_\_ High School Diploma \_\_\_\_\_ G.E.D.

College and/or Trade School: \_\_\_\_\_

Fire Service Experience (attach copies of accredited courses completed in NFPA 1001 series): \_\_\_\_\_  
 \_\_\_\_\_

Relevant Emergency Medical Training (attach copies): \_\_\_\_\_  
 \_\_\_\_\_

Standard First Aid/CPR Level C: Yes \_\_\_ No \_\_\_ Date Completed: \_\_\_\_\_

Valid Alberta Driver's License: License #: \_\_\_\_\_ Class: \_\_\_\_\_

Air Brake Endorsement: Yes \_\_\_ No \_\_\_ Date Attained: \_\_\_\_\_

## Health & Medical

Medical Conditions: \_\_\_\_\_

Blood Type: \_\_\_\_\_

The fire service places great physical demands and requires you to carry, lift, climb, crawl, stoop and bend. Do you have any physical limitations that would prevent you from performing these duties? If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Personal Information

Date of Birth: \_\_\_\_\_ Social Insurance #: \_\_\_\_\_

Have you ever been convicted for anything other than a minor traffic violation?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

## References

Name	Address	Phone Number	Relationship

## Certification of Applicant

I make this application realizing that I will be expected to give freely of my time to attend fires, meetings, drills, etc., and that my spouse and family (if applicable) are aware and consent with my intent. I am willing to undergo a physical examination by a physician if deemed necessary by the Fire Chief. I understand that as a fire fighting member of the Fire Department, I will be required to successfully complete Fire Etc. courses as well as the Standard First Aid/CPR course. I realize that I am required to follow Woodlands County Policies and Standard Operating Guidelines. I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal. I authorize Woodlands County to make any necessary and appropriate investigations to verify the information contained herein.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date