



# New Germany Volunteer Fire Department Application for Volunteer Fire Fighter – Page 1

## Personal Information:

\_\_\_\_\_  
First Name Initial Last Name

\_\_\_\_\_  
Address: Street/PO Box/Rural Route Apt. Number

\_\_\_\_\_  
Community Province Postal Code

\_\_\_\_\_  
Telephone: Home Work Other E-mail

List your residences for the last ten years (City and Province):

\_\_\_\_\_  
Occupation Workplace Hours of Work

Can you leave work to attend an emergency call? Yes:\_\_\_\_ No:\_\_\_\_ Maybe\_\_\_\_

Are you 19 years of age or older: Yes:\_\_\_\_ No:\_\_\_\_

Are you a legal resident of Canada: Yes:\_\_\_\_ No:\_\_\_\_

Do you have a valid NS Driver's License: Yes\_\_\_\_ No\_\_\_\_ Class:\_\_\_\_ Endorsements:\_\_\_\_\_

## Past Experience or Training in Fire Services:

Have you previously been a member of a Fire Department or Junior Department? Yes:\_\_\_\_ No:\_\_\_\_

If Yes, may we contact this Department for reference? Yes:\_\_\_\_ No:\_\_\_\_

\_\_\_\_\_  
Department Name Contact Name Contact Phone

List any firefighting, emergency response, medical or first aid courses and their expiry dates:



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## Other Skills:

List trade, advanced skills training or past work experience that could benefit the fire service:

Course Name / Completion Date	Course Name / Completion Date

## Other Volunteer Experience:

List any other volunteer experience that could benefit the fire service:

May we contact these organizations for reference? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Organization	Position Held	Reference Contact



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## Medical Declaration: (To be completed at time of interview)

Are you aware of any medical condition or disability that could affect your duties as a firefighter?:  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe: \_\_\_\_\_

I certify that I have disclosed to the interviewer(s) all pre-existing medical conditions such as cardiovascular, muscular, bone or joint disease or injury, diabetes, epilepsy, seizures or other which may affect my strength, balance, stamina, flexibility, mobility or in any way affect my ability to carry out the duties of a firefighter.

Furthermore, should I be accepted as a member of New Germany Volunteer Fire Department, I will inform the Chief of any changes in my medical condition that may affect my ability to perform the duties of a firefighter and if deemed necessary, I agree to consent to a medical examination as a prior condition to commencing or resuming active duty.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Interviewer: \_\_\_\_\_

## Declaration:

I hereby apply for volunteer membership in the New Germany Volunteer Fire Department.

I understand that any equipment, uniforms, protective clothing, training materials, identification cards or badges, or any other item which may be provided for my use, is the property of the fire service and must be promptly returned to the designated officer upon my leaving the organization, whether by resignation, expulsion or any other means.

I acknowledge that department rules, guidelines, policies and procedures establish requirements for specific levels of attendance at department activities; levels of training or other conditions which are necessary for membership.

I understand that participation in department activities may make me privy to information about citizens of the fire protection area, members of the department, department activities or other information of a personal or confidential nature and I will not reveal or discuss that information, except as required to carry out my duties as a fire fighter.

I *certify* that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if any of this information is found to be untrue, this application may be rejected and if accepted as a volunteer fire fighter, false statements on this application shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Please submit completed applications by mail to:

Membership Committee, New Germany Volunteer Fire Department,  
PO Box 163 New Germany NS, B0R 1E0