



General Application Form for all DCN
Fire Departments
ANNEX C



DCN Volunteer Firefighter's Application Form

(Each DCN Department may have their own application form)

Please Print All Information

Check Department you want to apply to: Lakeville__ / Centerville__ / Florenceville-Bristol__ /
Glassville__ / Juniper__ / Bath__

Personal Information

NAME: (First, Middle, Last)	SOCIAL INSURANCE NUMBER (optional)
ADDRESS: -	
:-	DO YOU HAVE TRANSPORTATION YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF BIRTH: _____ (MUST BE 16 YEARS OF AGE MINIMUM)	DATE OF APPLICATION _____
STATE AVAILABILITY: (DAYS, NIGHTS, SHIFTS, BOTH)	TELEPHONE: _____ (H) TELEPHONE: _____ (W) TELEPHONE: _____ (C)
NEXT OF KIN: _____ RELATIONSHIP: _____ (Person to be notified in case of an emergency or accident)	PHONE: RES: _____ BUS: _____
ARE YOU A SMOKER <input type="checkbox"/> ARE YOU A NON-SMOKER <input type="checkbox"/>	

Education & Training

HIGH SCHOOL LAST YEAR COMPLETED: _____ YEAR COMPLETED: _____ DIPLOMA: _____
POST SECONDARY EDUCATION LAST YEAR COMPLETED: _____ YEAR COMPLETED: _____ DIPLOMA: _____
DRIVER TRAINING: (DRIVERS ABSTRACTS ARE REQUIRED PRIOR TO ACCEPTANCE FOR TRAINING) DRIVER LICENCE No. _____ CLASS: _____ RESTRICTIONS: _____

Employment History

Occupation: _____

Name of present \ Most Recent
Employer: _____

Address: _____

Duties \ Responsibilities: _____

Former Employer: _____

Address: _____

Duties \ Responsibilities: _____

Related Skills or Experience

Previous firefighting experience?

Yes ___ No ___ Department Name: _____ Location: _____ Province: _____

Previous Military or police experience?

Yes ___ No ___ CFB Location: _____ City/Detachment: _____ Province: _____

Other experience or assets that may apply to this position?

Yes ___ No ___ Describe: _____

Related Skills

Indicate skill level by circling the appropriate number and providing explanation.

1. A trade, licence, recognized certificate or extensive experience
2. Advanced skills level and/or post secondary courses or apprenticeships
3. Familiarity acquired through personal experience, high school courses or related training.

				Details
Mechanics	1	2	3	
Pumps, valves or sprinklers	1	2	3	
Electrical systems	1	2	3	
Computer technology	1	2	3	

Breathing Apparatus	1	2	3	
Building Construction or design	1	2	3	
Fire fighting tasks	1	2	3	
Rescue procedures	1	2	3	
Occupational health and safety	1	2	3	
Photography	1	2	3	
Fundraising	1	2	3	
Typing, filing or telephones	1	2	3	
Public speaking	1	2	3	
Teaching, facilitation or coaching	1	2	3	
Events coordination	1	2	3	
Radio communication	1	2	3	
Medical or health sciences	1	2	3	
Professional driver	1	2	3	
Heavy Equipment operation	1	2	3	
Other Skills	1	2	3	

Other Licences and Certificates	
CPR and First Aid	Expiry Date:
Defibrillation	Expiry Date:

ARE YOU A MEMBER OF A CLUB OR ORGANIZATION?

Contact Person: _____

Telephone: _____

WHY DO YOU WANT TO BECOME A VOLUNTEER FIREFIGHTER? (GIVE A FEW REASONS):

Have you ever been convicted of a criminal offense for which you did not receive a pardon?

Yes ___ No ___ If yes, describe in full:

Declaration:

I hereby apply for volunteer membership in the _____ Fire Department, in the coverage area indicated above.

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

I understand that I may also be subject to a criminal reference check

I understand that all equipment, uniforms, protective clothing, training materials, 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 within 48 hours upon my leaving the department, whether by resignation, dismissal or any other means.

I acknowledge that department rules, policies and procedures may establish requirements for specific levels of attendance at department activities.

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 firefighter.

I also agree to read and sign the Policy for New Brunswick LSD Fire Departments and its annexes.

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 firefighter, false statements on this application shall be considered sufficient cause for dismissal.

Applicants may be subject to a medical examination by a qualified physician who will fill out required questionnaire (Form 1.a) (Cost, if any, to be reimbursed to the applicant).

Applicants are subject to a twelve-month (12) probationary period and are required to successfully complete minimum training requirements before full status is granted.

Applicant's Name: _____
(Please Print)

Applicant's signature: _____

Date: _____

Witness Signature: _____

Date: _____