



Taylor Volunteer Fire Department Application for Volunteer Fire Fighter

All information is kept confidential

PERSONAL DATA

Surname: _____ First Name: _____ Initials: _____

Home Address: _____ Postal Code: _____

Phone Number: _____ S.I.N. _____

Email Address: _____

Date of Birth: _____ (must be 16 years of age minimum)

Education (Highest Grade Completed): _____ Additional Education: _____

Drivers License #: _____ Class & Restrictions: _____

Health: Average Good Excellent (please circle)

EMPLOYMENT INFORMATION

Firm Employed by: _____ Phone Number: _____

Address of Employer: _____

Position Held: _____ Contact Name: _____

How long have you worked there? _____ years

Normal work hours: _____ Days Afternoons Nights (please circle)

Shift worker: Yes No Regular Days off: _____

Other information required:

What skills or experience in line with firefighting do you have? _____

Applicants must provide the following before becoming a full member:

- Doctors Certificate of fitness with in 3 months of joining (Bill to Taylor Fire Department)
- Driver's Profile of driving record with in 1st year
- RCMP Criminal Record Check

Practices are held each Wednesday evening from 7:00pm through to approximately 9:30pm. Probationary Firefighters are expected to attend 80% of all regular training nights during probation, 65% attendance is expected after probation is over.

The fire department also participates in a number of other educational and safety type programs that require additional hours of commitment from time to time that we may be asking for your involvement with.

You must reside in the District of Taylor or Taylor Rural Fire Protection area.

I, THE UNDERSIGNED, APPLY TO ENROLL AS A VOLUNTEER MEMBER OF THE Taylor Volunteer Fire Department, and if accepted undertake to perform such duties that may be assigned to me by the Fire Chief or his/her delegated representative in authority of the Taylor Volunteer Fire Department. I agree to account for any fire department equipment that may be issued to me. I will be required to have a medical examination and to submit to a Physicians statement on the Department form confirming my physical ability to carry out firefighting duties prior to being accepted into the Taylor Volunteer Fire Department.

Date: _____ **Signature:** _____

Note: All applications are held on file for a period of six (6) months. Should any information change affecting your application, please stop by and update your file. We appreciate your interest in the Taylor Fire Department.

The Fire Chief without cause may revoke any or all applications.



06-Nov-07