APPLICATION FOR MEMBERSHIP IN ALBERTON VOLUNTEER FIRE DEPARTMENT

A resume is required to submit with your application.
A copy of your Drivers Licence must be submitted with your completed application (front & back).

NAME:

ADDRESS:

TELEPHONE: Cell: Home: Other:

EMAIL:

DATE OF BIRTH: **SIN #:**

The nature of the position involves carrying a pager (mandatory) and using a cell phone paging app/availabilty system (preferred). Firefighters respond to emergency call-outs when available.

1 Are you willing to carry a pager regularly? Yes ☐ No ☐

2 Are you willing to utilize the cell phone paging/availability app? Yes ☐ No ☐

3 Are you willing to attend the necessary training and ongoing training to be a member of the Fire Department? Note: Minimum standard is attendance at 60% of training sessions held. Yes ☐ No ☐

4 Are you willing to regularly participate in public education and fire prevention events when you are available? Yes ☐ No ☐

5 Class of Drivers Licence currently held: Licence Number:

6 If I do not currently hold a DZ licence, I am willing to acquire one within 12 months of appointment to the Fire Service. Yes ☐ No ☐

7 List any training and/or experience that you believe would be relevant to your role as a firefighter or that would contribute to the Fire Department:

8 Do you have or have you previously had any known medical conditions that may affect your ability to perform firefighter duties: Yes ☐ No ☐

If "yes", please state conditions:

9 Are you able to leave work to respond to an emergency? Yes ☐ No ☐

10 What is your normal work schedule?

11 What is your normal work location:

12 Times you cannot leave work to respond:

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STATEMENTS AND ACKNOWLEDGMENTS:

(a)	I understand that my appointment to the Alberton Volunteer Fire Department is conditional upon my undergoing a full medical conducted by a physician and my providing of the written certificate of results of that medical to the Municipality, costs of which will be paid by the Municipality.	Yes ☐	No ☐
(b)	I understand that my appointment is conditional upon successfully acquiring a DZ licence within twelve months, the costs of which will be paid by the Municipality.	Yes ☐	No ☐
(c)	I understand that my continued membership requires me to attend 60% of all training and meetings, as well as all mandatory training sessions as assigned annually.	Yes ☐	No ☐
(d)	I understand that Public Education & Fire Prevention initatives are a regular occurrence in the Fire Department and I am willing to participate in same when possible.	Yes ☐	No ☐
(e)	I understand that the probation period is 12 months, at the end of which I must have successfully completed the new recruit training program.	Yes ☐	No ☐
(f)	I certify that the information provided herein is true and I acknowledge that any falsification or willful omission may be cause for refusal of my application or for future termination of my membership with the Fire Department.	Yes ☐	No ☐
(e)	If my application for membership is approved, I agree to serve the Alberton Volunteer Fire Department faithfully and diligently in my duties as a firefighter, and I further agree to comply with all Fire Department policies, procedures, guidelines, directives and by-laws relating thereto.	Yes ☐	No ☐

DATE **SIGNATURE OF APPLICANT**

Notice of Collection of Personal Information

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, and the Fire Protection and Prevention Act, 1997, S.O. 1997, c. 4, in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). The information will be used solely to evaluate your application, verify qualifications and background requirements, and administer volunteer fire department recruitment and membership. Questions about this collection should be directed to the CAO/Clerk-Treasurer, Township of Alberton, 3 Highway 611 S., B2 RR#1, Fort Frances, Ontario, P9A 3M2, (807) 274-6053