

GRAND BAY-WESTFIELD VOLUNTEER FIRE RESCUE

Membership Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	Prov.	Postal Code	
Phone	E-mail Address		
Social Ins. No.		Birth Date (yyyy/mm/dd)	
Have you ever been convicted of a felony? YES NO If yes, explain			

EDUCATION			
High School		Address	
From	To	Did you graduate?	YES NO Diploma
College/ University		Address	
From	To	Did you graduate?	YES NO Degree
Are you certified in First Aid?	YES NO	Level	
Are you certified in CPR?	YES NO	Expiry Date	
Do you have any firefighter training?	YES NO	Courses	

PREVIOUS EXPERIENCE		
Do you have previous firefighting experience? YES NO		
Dept.		Address
From	To	Position
Dept.		Address
From	To	Position
Dept.		Address
From	To	Position

REFERENCES	
<i>Please list two personal references.</i>	
Full Name	Relationship
Address	Phone

REFERENCES CONTINUED	
Full Name	Relationship
Address	Phone
CURRENT EMPLOYMENT	
Company	Phone
Address	
Job Title	
Normal Work Hours	

GOALS
Please briefly indicate your reasons for wanting to join the Department

CONDITIONS OF MEMBERSHIP
<u>The successful applicant must:</u>
<ol style="list-style-type: none"> 1. Be 19 years of age; 2. Have grade 12 or equivalent education; 3. Supply a Driver's Abstract for the past 5 years; 4. Grant permission for the Town's insurance company to periodically verify your driving record; 5. Supply a Criminal Records Check; 6. Complete and pass the Department's Job Performance Physical Evaluation; 7. Attend Department training sessions and Provincial training as established by the Office of the Fire Marshal and administered by the New Brunswick Community College; 8. Serve the first six months as a Probationary Period and complete the necessary training required; 9. Provide a Medical Examination Report completed by a Medical Practitioner on our Departmental Form - relevant cost is reimbursable upon acceptance to the Department.
NOTE: Above items are not required at time of application. Only this application form is needed to apply.

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date