



CHESTER BASIN VOLUNTEER FIRE DEPARTMENT

5430 Highway 3
Chester Basin, Nova Scotia
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APPLICATION FOR FIRE SERVICE				
PERSONAL INFORMATION				
FIRST NAME		MIDDLE NAME		LAST NAME
ADDRESS		CITY		PROVINCE
CELL PHONE NUMBER		SECONDARY PHONE NUMBER		EMAIL ADDRESS
COMPANY CURRENTLY WORKING FOR	OCCUPATION	COMPANY PHONE NUMBER	HOURS OF WORK	WILL YOU BE ABLE TO LEAVE TO ATTEND A CALL? Yes No
ARE YOU AWARE OF ANY MEDICAL CONDITIONS THAT COULD AFFECT YOUR DUTIES AS A FIREFIGHTER? Yes No		IF YES, PLEASE GIVE DETAILS:		

RELEVANT EXPERIENCE		
DO YOU HAVE ANY PREVIOUS FIRE FIGHTING EXPERIENCE?	YES / NO	IF YES HOW MANY YEARS?
IF YES, GIVE DETAILS AS TO THE LOCATION AND YOUR DUTIES:		
LIST ANY FIREFIGHTING, MEDICAL, RESCUE OR FIRST AID COURSES YOU HAVE TAKEN		
<u>COURSE NAME AND CERTIFYING AGENCY</u>	<u>DATE TAKEN</u>	<u>EXPIRATION DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
LIST OR DESCRIBE ANY TRADE, ADVANCED SKILLS, TRAINING OR EXPERIENCE THAT MAY BENEFIT YOU IN THE FIRE SERVICE		
LIST ANY VOLUNTEER WORK THAT YOU HAVE DONE. INCLUDE ORGANISATION NAME, CONTACT PERSON, PHONE NUMBER AND EMAIL		
LIST ANY OTHER INFORMATION THAT YOU DEEM BENEFICIAL TO BEING A FIRE FIGHTER		

REFERENCES			
IN ADDITION TO THE THREE REFERENCES BELOW, MAY WE CONTACT ANY OTHER WORK OR VOLUNTEER ORGANISATION MENTIONED IN THIS APPLICATION?			Yes No
<u>NAME OF REFERENCE</u>	<u>NATURE OF RELATIONSHIP (WORK, PERSONAL, ETC.)</u>	<u>PHONE NUMBER</u>	<u>EMAIL ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACKNOWLEDGEMENT
I ACKNOWLEDGE THAT IN ORDER TO BECOME A MEMBER OF THE CBVFD, I MUST SUCCESSFULLY COMPLETE THE REQUIRED SIX (6) MONTH <i>PROBATIONARY PERIOD</i> .
I UNDERSTAND THAT ANY EQUIPMENT WITH WHICH I HAVE BEEN PROVIDED BY CBVFD IS THE PROPERTY OF THE DEPARTMENT AND MUST BE RETURNED UPON MY LEAVING THE ORGANISATION WHETHER THAT BE BY RESIGNATION, EXPULSION OR ANY OTHER MEANS.
IF ACCEPTED I AGREE TO BECOME FAMILIAR WITH THE DEPARTMENT BY-LAWS AND BEST PRACTICES REQUIRED FOR MEMBERSHIP. I PROMISE TO ACT IN ACCORDANCE WITH THESE REGULATIONS.
I UNDERSTAND THAT INFORMATION ATTAINED ABOUT CITIZENS IN THE FIRE PROTECTION AREA IS CONFIDENTIAL AND THAT IT MAY NOT BE DISCLOSED OR DISCUSSED EXCEPT AS REQUIRED TO CARRY OUT DUTIES AS A MEMBER OF THE CBVFD.
I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN THE APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURES		
I AM 18 YEARS OF AGE OR MORE AT THE TIME OF THIS APPLICATION: Yes No		
PRINTED NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE OF APPLICATION
PRINTED NAME OF GUARDIAN IF UNDER 18 YEARS OF AGE	SIGNATURE OF GUARDIAN	DATE SIGNED BY GUARDIAN
NOTE: IF YOUR APPLICATION IS ACCEPTED YOU WILL NEED TO SUPPLY A VULNERABLE SECTORS CHECK FROM THE RCMP.		