Chester Basin Volunteer Fire Department

5430 Highway 3
Chester Basin, Nova Scotia
B0J 1K0
PH: 902-275-5525
FAX: 902-275-5520
Email: chesterbasinfire1983@GMAIL.COM

Application for Fire Service

Personal Information

First Name	Middle Name	Last Name	Preferred Name

Address	City	Province	Postal Code

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

Course Name and Certifying Agency	Date Taken	Expiration Date

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

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APPLICATION FOR FIRE SERVICE (CONTINUED)

RELEVANT EXPERIENCE (CONTINUED)

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**

NAME OF REFERENCE	NATURE OF RELATIONSHIP (WORK, PERSONAL, ETC.)	PHONE NUMBER	EMAIL ADDRESS

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT IN ORDER TO BECOME A MEMBER OF THE CBVFD, I MUST SUCCESSFULLY COMPLETE THE REQUIRED SIX (6) MONTH *PROBATIONARY PERIOD.*

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.