



Application Form & Member Profile Acme Fire and Rescue Volunteer Fire Department

Name: _____ D.O.B: _____

Occupation: _____

Street Address: _____ PO Box: _____

Home #: _____ Work #: _____

Years at Acme Address*: _____ Email: _____

Cell #: _____ Cell Carrier: _____

*Please note that there is a requirement to be a resident of Acme, or surrounding coverage area, for 1 year or more. At minimum, the address on your supplied driver abstract and photocopy of your drivers license must show an Acme address prior to your application being considered. If under 1 year, all applications will need the review and support of all senior officers.

Family Doctor's Name: _____

Contact #: _____ ABHC #: _____

Emergency Contact Name: _____

Relationship: _____

Address: _____

Contact #: _____ Alternate #: _____

Do you have any illnesses or medical conditions that the department should be aware of, if so please provide details (example, previous back injury etc.): _____ Yes _____ No

Are you currently on any medication? (if yes, please specify type): _____ Yes _____ No

How would you rate your general health: _____ Poor _____ Good _____ Excellent
How would you rate your physical condition: _____ Poor _____ Good _____ Excellent

Do you have any fears or phobias? (if yes, please specify): _____ Yes _____ No

Do you have any previous firefighting/related experience? (if yes, please specify): _____ Yes _____ No

If you have been on a Fire Department previously please list: _____

Department Name: _____ Position: _____

Number of Years: _____

Have you ever:

Worn a SCBA?	Yes	No	Details:
Taken First Aid?	Yes	No	Details:
Taken Firefighting courses?	Yes	No	Details:
Worked with power?	Yes	No	Details:
Worked with natural gas?	Yes	No	Details:
Worked with propane?	Yes	No	Details:
Worked with hazardous materials?	Yes	No	Details:
Worked with children, seniors or the disabled?	Yes	No	Details:
Climbed a ladder?	Yes	No	Details:
Taught any courses?	Yes	No	Details:
Done any public speaking?	Yes	No	Details:
Used a hand held radio?	Yes	No	Details:
Taken a HAZMAT course?	Yes	No	Details:
Been in or at a serious accident?	Yes	No	Details:
Seen a deceased person prior to a funeral?	Yes	No	Details:
Fainted at the sight of blood?	Yes	No	Details:
Had a panic attack?	Yes	No	Details:
Been in a fire?	Yes	No	Details:
Been involved in a disaster?	Yes	No	Details:
Been in a cave, tunnel or trench?	Yes	No	Details:

Are you:

Artistic?	Yes	No	Handy?	Yes	No
Organized?	Yes	No	Motivated?	Yes	No
Energetic?	Yes	No	Understanding?	Yes	No
Patient?	Yes	No	Good with kids?	Yes	No
Mechanical?	Yes	No	Good with seniors?	Yes	No
A team player?	Yes	No	A people person?	Yes	No
Able to handle stress?	Yes	No	Able to take direction?	Yes	No
Willing to attend medical calls?	Yes	No	Attend training (in/out of the county)?	Yes	No
Able to carry a radio?	Yes	No	Able to be bonded?	Yes	No

Can you respond from:

06:00 - 18:00 weekdays?	Yes	No	06:00 - 18:00 weekends?	Yes	No
18:00 - 06:00 weekdays?	Yes	No	18:00 - 06:00 weekends?	Yes	No

Please take this opportunity to let us know why you would like to join as a member of Acme Fire and Rescue: _____

I, the undersigned, fully understand that the position for which I apply is NOT a salaried or paid position; rather it is a volunteer commitment in service of my community. I realize that this position carries with it very few fringe benefits and will occasionally demand a great deal of time and dedication on my part. I am aware that I will be supplied with: training in personal safety, firefighting methods, use and care of firefighting equipment/vehicles; as well as provided with the rules and regulations, policies and procedures of Acme Fire and Rescue. I accept the fact that I am expected to make available the time to attend the required amount of practice/training nights and fire department meetings in order that I may keep myself apprised of developments and/or changes in the fire department rules and regulations and firefighting methods.

I agree that I must abide by the rules and regulations of Acme Fire and Rescue and that failure or refusal to abide may result in the termination of my service with the department.

I also declare that all information provided above is true and accurate to the best of my ability and that any false information may lead to my removal from the fire department.

I further hereby certify that I am over the full age of eighteen (18) years and I am fully aware that the position I am applying for has some inherent risks.

Date: _____ **Signature:** _____

Application Checklist:

Application Complete:	
Copy of Drivers License*:	
Driver Abstract*:	
Criminal Record Check*: (must include vulnerable sector and may require additional information beyond the application)	
Copy of WHIMIS, First Aid etc.:	
Copy of any fire/ems courses, certificates or certification cards:	

*Required information and must accompany the completed application prior to any review.

