



VOLUNTEER FIREFIGHTER APPLICATION

ROSETOWN & DISTRICT FIRE DEPARTMENT

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Address: _____
Number Street Postal Code

Do you: Own Rent Board Live with parents

Birthdate (mm/dd/yy): _____ Health Card Number: _____

Main Phone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

EMPLOYMENT INFORMATION

Present Employer: _____ Phone Number: _____

Address: _____ Position: _____

Do you have your employer's consent to attend calls during work hours? Yes No Self-Employed

Name & Signature of Immediate Supervisor: _____

of Years At Current Workplace? _____ Normal Hours of Work: _____ Days Afternoons Evenings

Shift Worker? Yes No Regular Days Off: _____

ASSESSMENT QUESTIONS

Do you have a valid driver's license? Yes No Class: _____ License Number: _____

Endorsements: Air Other Restrictions (if any): _____ Expiry (mm/dd/yy): _____

Describe any previous firefighting experience _____

Do you have a valid First Aid Certificate? Yes No Other Are you in good health? Yes No

Family Physician: _____ Date of Last Medical: _____

Height: _____ Weight: _____ Blood type: _____ Allergies: _____

Are you claustrophobic? Yes No Are you afraid of heights? Yes No

Past medical history (i.e. diabetes, asthma, depression etc.) _____

Please provide your current driver's abstract & criminal record check

GENERAL QUESTIONS

How did you hear about the Rosetown Fire Department? _____

State briefly the reasons for wanting to become a volunteer firefighter:

What skills, education and/or experience do you have?

CHARACTER REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

To the best of my knowledge, the information contained on this form is true and accurate.

Applicant Signature

Date (mm/dd/yy)

OFFICE USE ONLY

Date Application Received (mm/dd/yy): _____ Received by: _____

Comments: _____

Application: Accepted Rejected

Date: _____

Approved by Fire Chief: _____

Date: _____