

Antigonish Town Vol. Fire Department

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Membership Application Form

Date: _____
Name: _____
Address: _____

Phone: _____

Date of Birth: _____
Status: (Married / Single)
Drivers License # _____
Class: _____
Air Brake endorsement ? _____

Minimum age for acceptance into active duty is 19 years.

Please answer with a 'yes' or a 'no', and give any additional explanations where necessary.

1. Are you willing to follow the rules, regulations, and protocols of the Fire Dept? _____
2. Do you have any physical limitations which might interfere with your performance as a volunteer firefighter? _____
If Yes explain. _____
3. Will you be able to leave work, to respond to emergency calls, during normal work hours? _____
Name of your employer: _____ Tel. # _____
4. Are you willing to take a medical , prior to acceptance into the fire department? _____
5. Are you willing to obtain a criminal records check, prior to acceptance to the department? _____
(Criminal records checks are done free for volunteer organizations.)
6. Are you willing to take part in fire training courses, as they become available? _____
(Serious attempt should be made to attain N.S. Level 1 Firefighter certification by end of 1st year)
7. Special skills or training (check those applicable or specify)
First Aid _____ CPR _____ EMT-P _____ Haz-Mat _____ Others _____
Firefighter courses _____
Trade Qualifications (e.g. Mechanic) _____
8. Special interests: FIRE _____ RESCUE _____ Communications _____ Medical _____
Additional Comments _____

Signature of Applicant:

Date:

Submit to: Antigonish Town Vol. Fire Department
Box 1672, 16 Sydney Street
Antigonish, N.S. B2G 2L8
Tel: 863-3359
Fax: 863-9157

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Application: Received on.....: _____
Interviewed on: _____
Voted on.....: _____
Approved _____ Rejected _____ Letter sent _____ Assigned No. _____