



WOLFVILLE VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION



(Revised 2018)

Please read the Membership Agreement, found on page 8, carefully, before completing and signing this application.

Name (in full): _____

Civic address: Number _____ Street _____

Mailing address: _____

Telephone number: (home) _____ (work) _____

Email address: (we will use this to contact you for an interview)

Which language(s) do you speak? English French Other(s)

If you become a member, do you want a hepatitis "b" vaccination?	Yes	No
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Are you at least eighteen years of age?	Yes	No
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Have you been convicted of a Criminal Code offence for which you have not been pardoned?	Yes	No
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Before we can vote on your application, a Vulnerable Sectors Check, similar to, but more in depth than a Criminal Records Check shall be completed. The information contained in this check will be available only to the Fire Chief. All applications for membership shall be accompanied by the appropriate application for records check(s) and photo copies of the required identification. These shall be submitted to the Fire Chief in a sealed envelope who will then forward this information to the local office of the Royal Canadian Mounted Police for processing. NO applications shall be processed until the results of the records check(s) are returned to the Fire Chief. Are you willing to submit to a Vulnerable Sectors Check? Yes No

We cannot process your application beyond an interview without this check.



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Employment History

Are you presently employed? Yes No
If yes, complete the following:

Employer: _____

Current supervisor: _____

Telephone number: _____

Is your employer aware of your application? Yes No

Will your employer allow you to attend alarms? Yes No

If no, will your employer allow you to attend a second alarm indicating a major alarm? Yes No

May we contact your present or past employers, references, and/or other organization(s) to which you (have) belong(ed) regarding your application? Yes No

List your last three employers (prior to) your present employer:

Employer: _____ Supervisor: _____

Telephone number: _____ Dates employed _____ to _____

Reason for leaving:

Employer: _____ Supervisor: _____

Telephone number: _____ Dates employed _____ to _____

Reason for leaving:

Employer: _____ Supervisor: _____

Telephone number: _____ Dates employed _____ to _____

Reason for leaving:



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List Two References:

Reference's name: _____ Phone number: _____

Reference's name: _____ Phone number: _____

List any current member(s) of the Wolfville Fire Department with whom you are associated on a social or professional basis:

Firefighting Experience

Have you ever been a member of another fire department or other related fire service organization?

Yes

No

If yes, please answer the following:

Name of department or organization: _____

Service: (from) _____ (to) _____

Verifying Authority (name and contact address/telephone number):

Have you ever applied for membership in a Fire Department and been rejected and/or belonged to a Fire Department and been dismissed for disciplinary purposes?

Yes

No

Please provide details of any firefighting experience.



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Please provide details of any skills, training or experience you have had that would assist you as a firefighter:

Please explain why you wish to become a firefighter:

Please list any other organization(s) to which you belong (you are not obligated to list any organizations which may reflect political, religious or ethnic interests):

Do you have any medical concerns and/or disabilities that might limit your capabilities as a firefighter? Yes No

If yes, explain:

Will you submit to a medical examination if required? Yes No

Do you have post-secondary education? Yes No

Please provide details, i.e., institution, dates, certificate held, etc.



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Additional Information

Do you have a valid driver's license? Yes No

Class of license: _____

List any restrictions on your license: _____

List drivers license endorsements: _____

Do you own your own motor vehicle? Yes No

If no, explain how you intend to respond to alarms:

How long do you expect to live in Wolfville? _____

I am a student at Acadia University in the _____ year of a _____ year program.

Are you able to attend training each
Monday evening at 7 PM? Yes No



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Persons Applying for Mutual Aid Membership (already a member of a Fire Department) Please fill out additional information

Currently a member of: _____
(Fire Department)

Member Since: _____ of _____
(Month) (Year)

Total Years of Service (including other Fire Departments) _____

Rank Currently Held: _____

Level 1 Certified Yes No Date Certified: _____

Level 2 Certified Yes No Date Certified: _____

Please List all Fire Department Related training and Education (MFR, HazMat, etc.):

Days and hours you will be available to respond with the Wolfville Fire Department:



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Mutual Aid applications will be subject to a case by case review by the Executive and Membership Committees, an interview, and a vote by the general membership of the department. Article 3, Section 11 of the Wolfville Fire Department bylaws defines a mutual aid member as a firefighter who is in good standing with another fire department and who responds occasionally to alarms received by the Wolfville Fire Department in the role of firefighter and/or driver/operator only, regardless of rank/status with the primary department. A mutual aid member may remain in this position as long as the member retains membership in the primary department. Alarms, meetings, and trainings of the primary department always take precedence over Wolfville alarms, meetings, and trainings.

Signature of applicant: _____ Date: _____

Signature of Fire Chief,
Primary Department: _____ Date: _____

Contact Information
Primary Department Fire Chief (cell) _____ (res) _____



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Please read the Membership Agreement carefully before signing this application.

Wolfville Fire Department responds to well over 150 alarms per year. Members are expected to attend alarms, meetings, trainings, fundraisers and other functions as required for the successful operations of the Department, requiring a considerable time commitment. Please consider this carefully before submitting this application.

By submitting this application, I agree to the following:

- a. The information provided on this application form is, to the best of my knowledge, accurate.
- b. If elected to membership, I will abide by the Department by-laws, attend all activities at a level considered acceptable by the Executive Committee of the Department. I have carefully considered the responsibilities I am accepting, as outlined in the italicized paragraph above.
- c. Any member of the Department can access this application for the purposes of review as deemed necessary by the membership committee.
- d. Submission of this application does not guarantee membership. Factors determining whether or not an individual becomes a member relate to other criteria including, but not limited to: an interview, a secret ballot of members in good standing and a probationary period.
- e. I understand that applications will be processed providing there is available space on the membership roster and not necessarily in the order received.

Signed _____ Date _____

Note: Applications must be completed in full and received by the Wolfville Fire Department prior to the first Tuesday of every month. Failure to do so could result in a one month delay in the processing of the application. Applications can be given to a member, or mailed to:

Chair, Membership Committee
Wolfville Fire Department
355 Main St
Wolfville, NS B4P 1A1



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For Department use only. Applicant: Do not write below this line.

Committee Members' signatures indicate recommendation for membership:

Signed _____

Printed _____

Signed _____

Printed _____

Date: _____

Accepted Date: _____

Rejected Reason: _____

Roll No. assigned by the secretary: _____

Additional comments or information: