



**VOLUNTEER  
APPLICATION FORM**

**GENERAL INFORMATION**  
*(Please Print)*

Surname \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

**DRIVER LICENSE INFORMATION**

Driver's License Class \_\_\_\_\_

Valid? Yes      No

Air Brake Endorsement? Yes      No

Any Restrictions? Yes      No

Explain: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

**Current Position Title**

\_\_\_\_\_

Is your position? *(Please Circle One)*      Full Time      Permanent      Part Time      Casual

**Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

May we contact your immediate supervisor?

Yes

No

**Dates Employed: From:** \_\_\_\_\_ **to** \_\_\_\_\_  
Year Month Day Year Month Day

Do you have any regular or occasional work besides your main job?  
If yes, what kind of work:

Yes

No

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**RESTRICTIONS/LIMITATIONS**

In general, how would you rate your health

Excellent

Good

Fair

When employed as a firefighter there are several duties that must be carried out not only in emergency situations, but also during regular training exercises that are physically and mentally demanding.

Do you have any restrictions/limitations that may limit you from performing heavy lifting?

Yes

No

Do you have any limitations with respect to working with heights?

Yes

No

Do you have any limitations with respect to working in confined spaces?

Yes

No

**EDUCATION AND LIFE EXPERIENCE**

Please list all Education Information \_\_\_\_\_

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Grades and Courses Completed \_\_\_\_\_

Have you ever been a member of any Fire Department, Rescue Squad or similar organization?

Yes

No

Response Type (*check all applicable*):                      Fire Department              Rescue              Medical

Name and Address of Department \_\_\_\_\_

\_\_\_\_\_

Date of Service: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List of all relative training (*attach copies of certificates*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any relevant courses, certificates, apprenticeships etc.** (*attach copies of certificates*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you hold any of the following certifications? (*attach copies of certificates*)

First Aid

CPR

Defibrillation

Expiry Date \_\_\_\_\_

### **INTENTIONS**

My reasons for wanting to join this Fire Department are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **MISCELLANEOUS**

Is there any additional information important to your application?    Yes

No

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\*I confirm that my application is completed truthful and correctly,

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: In order to prevent delays in reviewing your application:**

- answer every question on this form clearly and completely.
- All information must be attached or your application will not be accepted.

Any false, erroneous or misleading answers or statements will be cause for rejection of this application, removal of your name from the eligible list or discharge from the department.

Date Received \_\_\_\_\_

Reviewed by District Fire Chief and/or Deputy Fire Chief:

\_\_\_\_\_ Date \_\_\_\_\_

Approved by Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This application will stay on file 12 months from the above date unless updated.**

**PLEASE RETURN TO:**

**The Prince Edward County Fire Department  
2 Ross Street  
Picton ON K0K 2T0  
Attention: Scott Manlow, Fire Chief**