



**PONOKA COUNTY REGIONAL FIRE SERVICE
APPLICATION FOR FIRE DEPARTMENT MEMBERSHIP**



_____ West District Fire Department

_____ East District Fire Department

Personal Information

Name _____
Surname First Name

Are you at least 18 years old? Yes No

Address _____ Phone _____

Place of Birth _____ Canadian Citizen? Yes No

Languages Spoken _____ Written _____

Social Insurance Number _____ Alberta Health Care Number _____

Physical Disabilities or Allergies _____

Education

Highest Level Attained _____ Location _____

Other Qualifications or Trades _____

Driver's License Number _____ Class _____ Endorsements _____ Abstract Provided? Yes No

A satisfactory Criminal Record check is required. Provided? Yes No

Are you willing and able to retain and wear an emergency radio and respond to emergencies? Yes No

Are you willing and able to participate in our training program? Yes No

Will you be able to attend the occasional training or education opportunities that may take you away from home?
Yes No. If no, explain: _____

If accepted by the Fire Department, you will be required to attend regular Tuesday night practices (approx.. 7:00 p.m. to 10:00 p.m.). Can you meet this requirement? Yes No

Does your family support you becoming a volunteer firefighter? Yes No
If no, explain: _____

Have you discussed with your employer the fact that you are applying for a position with the Ponoka County Regional Fire Services? Yes No. If yes, did your employer express any negative reaction? Will you be allowed to leave work to attend emergencies?
Explain: _____

When not at work, are you usually around home, and will you be available to attend emergencies?
___ Always (90%) ___ Usually (75%) ___ Sometimes (50%) ___ Seldom (25%)
Explain: _____

Are you "comfortable" with the sight of blood and injured persons? Yes No

Employment History

Name of employer and place of work beginning with the present

Position Held

Have you ever been dismissed or forced to resign from any position? If yes, explain _____

References

Name

Position

Address

Phone

Firefighting can be physically and mentally demanding (lifting, pushing, pulling, dragging, climbing, etc while wearing full personal protective equipment, using /carrying tools, assisting victims, etc. under stressful conditions. As such, have you ever had an experience in the past or present or foresee any reason in the future (medical or otherwise) that you might not be able to perform these duties? If so, please elaborate (a doctor's clearance letter, etc. may be required)

Please describe your qualification or abilities that you feel would be an asset in the type of work for which this application is made: _____

I hereby agree to accept and abide by the policies, procedures and guidelines governing the operation of the Ponoka County Regional Fire Service under the direction of the Regional Fire Chief.

Date

Signature of Applicant

Date of Hiring

Signature of Regional Fire Chief