



# Keswick Ridge Fire Department Application for Membership

Date of Application: \_\_\_\_\_

## CONTACT INFORMATION

Last Name		First Name	
Street	City	Province	Postal Code
Home Phone Number	Work Phone Number	Cell Phone Number	
E-Mail Address (if applicable)	SIN (for registration with Worksafe NB)		

Please select a position you are interested in applying: See Appendix A for details on each position.

<input type="checkbox"/> Firefighter (full member)	<input type="checkbox"/> Support member
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## PERSONAL INFORMATION

How long have you lived in the Keswick Ridge Fire Dept. coverage area?			
Date of Birth	Age	Height	Weight
Which class of driver's license do you have?		Air brake endorsement? <input type="checkbox"/> yes <input type="checkbox"/> no	

## EMPLOYMENT

Name of current employer:	Occupation:	How long have you been employed there:
Would your employer allow you to respond to emergency calls during your working hours? <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Rarely <input type="checkbox"/> Never		
May we contact your employer? <input type="checkbox"/> yes <input type="checkbox"/> no, if "no" please indicate why:		

## EDUCATION

Please indicate the highest grade completed:

Have you attended/graduated from a Post Secondary Institutions, such as university or trade school?

yes no, if "yes" please specify:

Do you have any firefighting or EMS certificates or courses? Please list and submit copies of your certificate(s)

Do you have any previous Firefighting or EMS related experience?: yes no, if "yes" please explain:

Do you have a valid Standard First Aid/ CPR certificate?: yes no, If "yes" please submit a copy your certificate

## REFERENCES

Please provide at least 2 references, note they cannot be a current member of the fire dept or a relative

Name	Phone Number	Relation
Name	Phone Number	Relation
Name	Phone Number	Relation

## GENERAL

1. Training is held on Wednesday nights and as a member of the fire department you are required to participate in a minimum of 40 hours of training in a 12-month period. Can you meet this commitment? yes no.

2. Why do you want to join the Keswick Ridge Fire Dept? \_\_\_\_\_

3. What do you hope to gain from your time with the Keswick Ridge Fire Dept.? \_\_\_\_\_

4. List any hobbies or interests you have outside of your work \_\_\_\_\_

5. The work of a firefighter can be both physically and emotionally demanding. Do you have any medical and/or mental conditions that would prevent you from performing firefighter duties? \_\_\_\_\_

I do hereby declare that should I be successful in my application for membership as a volunteer firefighter with the Keswick Ridge Fire Dept. that I will obey and abide by the rules and regulations, standard operating procedures and job duties of the fire dept. If I fail to comply with these rules I understand that I may be subject to disciplinary action or dismissal from the department.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the statements made by me in this application are true and complete to the best of my knowledge. I understand that if any of these statements are found untrue, this application may be rejected. As well, I understand that in order to have my application reviewed I must submit an original driver's abstract and a criminal record check. (If your application is approved, the cost of these items will be reimbursed by the fire department upon submission of a receipt).

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Criminal record check completed:  yes  no

Driver's abstract completed:  yes  no

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX A

- 1) Firefighter (full member): In order to be classified as a “firefighter” in an LSD fire department, a person must:
  - be a resident of the area serviced by the LSD fire department, unless in extenuating circumstances the LSA has waived this requirement,
  - possess a valid first aid certificate.
  - have completed Firefighter Level 1 or equivalent,
  - possess the appropriate class of license for driving assigned fire apparatus,
  - have passed recognized defensive driving course if duties will include driving fire apparatus,
  - participate in 40 hours of in-house training over any 12 month period, and
  - participate in all operational functions associated with providing fire protection services.
  
- 2) Support member: A person is eligible to be classified as a support member who:
  - is a resident of the area serviced by the LSD fire department,
  - possess a valid first aid certificate,
  - possess the appropriate class of license for driving assigned fire apparatus,
  - have passed recognized defensive driving course if duties will include driving fire apparatus,
  - participates in task specific support role for operational activities as designated by the Fire Chief e.g. driver, pump operator, on-scene equipment preparation, and
  - has received the training required to undertake designated tasks.

As per Policy Guidelines for New Brunswick LSD Fire Departments, January 2007