



TOWN OF VEGREVILLE



Town of Vegreville

5100 – 60 Street

Postal Drawer 640

VEGREVILLE, ALBERTA T9C 1R7

T: 780-632-2254 | F: 780-632-2629

www.vegreville.com

Emergency 911

APPLICATION FOR VOLUNTEER FIRE FIGHTER

General Information: This Application is to be used when seeking a position as a Volunteer Fire Fighter with the Vegreville Fire Services. In order to be eligible, you must meet the minimum qualifications.

Instructions: Please provide the information requested on this form.

Personal Information: Email Address: _____

First Name Middle Initial Last Name

Address: Street/PO Box/Rural Route Apt Number

City/Town Province Postal Code

Telephone: Home Work Other

OR If you are interested in non-operational service, such as fire prevention, public education, or administration, please circle:

Fire Prevention

Public Education

Administration

Education

Type of School	Name of School	Location: address/phone #	# of years Completed	Major Degree
High School				
Post Secondary				

Qualifications:

Please check appropriate box

YES **NO**

Do you have a drivers licence with Class 3, or higher with Q endorsement? And a vehicle to drive to the hall?
☐ ☐

Are you 18 years of age or over? ☐ ☐

Are you a legal resident of Canada? ☐ ☐

Are you able to understand and communicate clearly in English? ☐ ☐

Have you ever applied for a volunteer position with any Fire Service and have NOT been accepted? ☐ ☐

Do you have qualifications and experience with the Fire Service? ☐ ☐

☐ NFPA 1001 Level 1 ☐ 1001 Level II ☐ NFPA 1051

Other Fire Service Courses _____

Employment History

Please list your work experience beginning with your most recent job held.

Name of Employer:	Name of Supervisor:
Address:	Your Job Title
City/Province	Employment Dates From: To:
Phone Number	
List the duties performed, skills used or learned, advancements or promotions while you worked at this organization:	
Name of Employer:	Name of Supervisor:
Address:	Your Job Title
City/Province	Employment Dates From: To:
Phone Number	
List the duties performed, skills used or learned, advancements or promotions while you worked at this organization:	

Work or Volunteer Related References:

	Name	Business Name	Phone Number
1.			
2.			
3.			

Physical Activity Readiness Questionnaire

Please complete to determine your physical condition:

YES	NO	<i>Please check appropriate box</i>
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you are not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs for your blood pressure or a heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have 20/30 corrected vision with colour and peripheral vision Acceptable for the occupation of firefighter?
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you have normal hearing in each ear?

Declaration:

I hereby apply for volunteer membership in the Vegreville Fire Services. I understand that any equipment, uniforms, protective clothing, training materials, identification cards or badges, or any other item which may be provided for my use, is the property of the Fire Service and must be promptly returned to the designated officer upon my leaving the organization, whether by resignation, expulsion or any other means.

I acknowledge that department rules, guidelines, policies and procedures establish requirements for specific levels of attendance at department activities; levels of training or other conditions which are necessary for membership.

I understand that participation in department activities may make me privy to information about citizens of the fire protection area, members of the department, department activities or other information of a personal or confidential nature and I will not reveal or discuss that information, except as required to carry out my duties as a Fire Fighter.

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if any of this information is found to be untrue, this application may be rejected and if accepted as a Volunteer Fire Fighter, false statements on this application shall be considered sufficient cause for dismissal.

Signature: _____ Date: _____

Parent or Guardian (If Under 18) _____

Signature: _____ Date: _____

Applications may be submitted in person at 5100-60 Street or mailed to Vegreville Fire Services, Box 640, Vegreville, AB T9C 1R7.
