



Smooth Rock Falls Fire Department

Volunteer Firefighter Application

CONTACT INFORMATION		
First Name:		Last Name:
Home Telephone #:	Cellphone #:	Email:
Home Address:		Mailing Address:
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email		
GENERAL QUESTIONS		
Are you 18 years of age or older? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you physically capable of performing all of the duties of a firefighter? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you willing to provide a police vulnerable sector check upon request? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you able to attend regular firefighter training on Tuesday nights? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you willing to attend occasional training on weekends? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do you reside or work in Smooth Rock Falls? <input type="checkbox"/> No <input type="checkbox"/> Reside in SRF <input type="checkbox"/> Work in SRF		
Past firefighting experience? <input type="checkbox"/> No <input type="checkbox"/> Yes, details:		
First aid certification? <input type="checkbox"/> No <input type="checkbox"/> Yes, type & expiry:		
CPR certification? <input type="checkbox"/> No <input type="checkbox"/> Yes, type & expiry:		
Driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes, type/class:		
List other relevant training/certification (if applicable):		
REFERENCES		
Name:	Telephone #:	Relationship:
Name:	Telephone #:	Relationship:
EMPLOYMENT AND VOLUNTEERING HISTORY		
Please attach a copy of your current resume.		

AVAILABILITY

Please fill in the availability chart below as follows:

Y = Usually Available (60-100%)

S = Sometimes Available (30-60%)

N = Not Typically Available (0-30%)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early Morning							
Morning							
Afternoon							
Evening							
Late Evening							

Current Employer and Position:

Will your employer allow you to respond to emergencies during work hours? No Yes

SIGNATURE

I certify that the information contained in this application and any attachments is true and correct to the best of my knowledge. I authorize the Town of Smooth Rock Falls to contact my references as provided on this application and review other documents provided by me as part of the recruitment process.

Signature

Date

Thank you for your interest in volunteering with the Smooth Rock Falls Fire Department!

Please drop off application at the Town Office or scan and email to: firechief@townsrf.ca