



# Smooth Rock Falls Fire Department

## Volunteer Firefighter Application

<b>CONTACT INFORMATION</b>		
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		
<b>GENERAL QUESTIONS</b>		
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):		
<b>REFERENCES</b>		
Name:	Telephone #:	Relationship:
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<b>EMPLOYMENT AND VOLUNTEERING HISTORY</b>		
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](mailto:firechief@townsrf.ca)**