



CHESTER BASIN VOLUNTEER FIRE DEPARTMENT

5430 Highway 3
 Chester Basin, Nova Scotia
 B0J 1K0
 PH: 902-275-5525
 FAX: 902-275-5520
 Email: chesterbasinfire1983@GMAIL.COM

APPLICATION FOR FIRE SERVICE

PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME		PREFERRED NAME	
ADDRESS		CITY		PROVINCE		POSTAL CODE	
CELL PHONE NUMBER			SECONDARY PHONE NUMBER			EMAIL ADDRESS	
COMPANY CURRENTLY WORKING FOR		OCCUPATION		COMPANY PHONE NUMBER		HOURS OF WORK	
						WILL YOU BE ABLE TO LEAVE TO ATTEND A CALL? Yes No	
ARE YOU AWARE OF ANY MEDICAL CONDITIONS THAT COULD AFFECT YOUR DUTIES AS A FIREFIGHTER? Yes No			IF YES, PLEASE GIVE DETAILS:				

RELEVANT EXPERIENCE

DO YOU HAVE ANY PREVIOUS FIRE FIGHTING EXPERIENCE?	YES / NO	IF YES HOW MANY YEARS?
IF YES, GIVE DETAILS AS TO THE LOCATION AND YOUR DUTIES:		
LIST ANY FIREFIGHTING, MEDICAL, RESCUE OR FIRST AID COURSES YOU HAVE TAKEN		
<u>COURSE NAME AND CERTIFYING AGENCY</u>	<u>DATE TAKEN</u>	<u>EXPIRATION DATE</u>
_____	_____	_____
_____	_____	_____
LIST OR DESCRIBE ANY TRADE, ADVANCED SKILLS, TRAINING OR EXPERIENCE THAT MAY BENEFIT YOU IN THE FIRE SERVICE		
LIST ANY VOLUNTEER WORK THAT YOU HAVE DONE. INCLUDE ORGANISATION NAME, CONTACT PERSON, PHONE NUMBER AND EMAIL		
LIST ANY OTHER INFORMATION THAT YOU DEEM BENEFICIAL TO BEING A FIRE FIGHTER		

REFERENCES

IN ADDITION TO THE THREE REFERENCES BELOW, MAY WE CONTACT ANY OTHER WORK OR VOLUNTEER ORGANISATION MENTIONED IN THIS APPLICATION?			Yes	No
<u>NAME OF REFERENCE</u>	<u>NATURE OF RELATIONSHIP (WORK, PERSONAL, ETC.)</u>	<u>PHONE NUMBER</u>	<u>EMAIL ADDRESS</u>	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT IN ORDER TO BECOME A MEMBER OF THE CBVFD, I MUST SUCCESSFULLY COMPLETE THE REQUIRED SIX (6) MONTH *PROBATIONARY PERIOD*.

I UNDERSTAND THAT ANY EQUIPMENT WITH WHICH I HAVE BEEN PROVIDED BY CBVFD IS THE PROPERTY OF THE DEPARTMENT AND **MUST BE RETURNED** UPON MY LEAVING THE ORGANISATION WHETHER THAT BE BY RESIGNATION, EXPULSION OR ANY OTHER MEANS.

IF ACCEPTED I AGREE TO BECOME FAMILIAR WITH THE DEPARTMENT BY-LAWS AND BEST PRACTICES REQUIRED FOR MEMBERSHIP. I PROMISE TO ACT IN ACCORDANCE WITH THESE REGULATIONS.

I UNDERSTAND THAT INFORMATION ATTAINED ABOUT CITIZENS IN THE FIRE PROTECTION AREA IS CONFIDENTIAL AND THAT IT MAY NOT BE DISCLOSED OR DISCUSSED EXCEPT AS REQUIRED TO CARRY OUT DUTIES AS A MEMBER OF THE CBVFD.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN THE APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURES

I AM 18 YEARS OF AGE OR MORE AT THE TIME OF THIS APPLICATION: Yes No

PRINTED NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE OF APPLICATION
_____	_____	_____
PRINTED NAME OF GUARDIAN IF UNDER 18 YEARS OF AGE	SIGNATURE OF GUARDIAN	DATE SIGNED BY GUARDIAN
_____	_____	_____

Note:
 YOU APPLICATION MUST BE ACCOMPANIED BY A "VULNERABLE SECTOR CHECK" (WHICH INCLUDES A CRIMINAL RECORD CHECK). SECURE THIS IN A SEPARATE AND SEALED ENVELOPE. THIS CAN BE ATTAINED AT THE CHESTER RCMP DETACHMENT LOCATED ON HIGHWAY 14 BY PRESENTING THE ATTACHED LETTER SIGNED BY CBVFD CHIEF OR DEPUTY CHIEF. IF YOU HAVE A DRIVER'S LICENCE, INCLUDE A DRIVER'S ABSTRACT AS WELL. SUCCESSFUL CANDIDATES CAN REQUEST REIMBURSEMENT OD ANY FEES FOR THIS SERVICE SHOULD THERE BE ANY.



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VULNERABLE SECTOR CHECK REQUIRED FOR VOLUNTEER APPLICATION

The bearer of this letter is submitting an application to become a volunteer firefighter with the Chester Basin Volunteer Fire Department.

As a volunteer firefighter, he/she may be required to provide direct care and assistance to vulnerable persons in emergency situations.

The applicant is therefore required to submit to a ***Vulnerable Sector Check*** as part of the application process.