WATERVILLE and DISTRICT FIRE DEPARTMENT

MEMBERSHIP APPLICATION

Please read the Membership Agreement, found on page 8 before completing and signing this application.

NOTE: PLEASE ATTACH A COVER LETTER WITH YOUR APPLICATION.

Name (in full): _____

Civic Address: Number_____ Street _____

Mailing address: _____

Telephone Number: (home)_____(cell)_____

Email address: _____

Which language(s) do you speak? English ⬭ French ⬭ Other ⬭

Are you at least 18 years of age: ☐ YES ☐ NO

Have you ever been convicted of a Criminal Code Offence for which you have not been pardoned? ☐ YES ☐ NO

Before we can vote on your application, a Vulnerable Sector Check and a Child Abuse Registry shall be completed. All applications for membership shall be accompanied by the appropriate documents. No application(s) shall be processed until the results of the records check(s) have been submitted.

**Links:**

**Vulnerable Sector Check: https://www.rcmp-grc.gc.ca/detach/en/d/381**

**Child Abuse Registry: https://beta.novascotia.ca/apply-child-abuse-register-search**

Are you willing to submit to a Vulnerable Sectors Check? ☐ YES ☐ NO

**We cannot process you application beyond an interview without this check.**

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**EMPLOYMENT HISTORY**

Are you presently employed? ☐ YES ☐ NO

If YES, complete the following:

Employer: _____

Current Supervisor: _____

Telephone Number: _____

A. Is your employer aware of your application? ☐ YES ☐ NO

B. Will your employer allow you to attend alarms? ☐ YES ☐ NO

C. If no, will your employer allow you to attend a second alarm indicating a major alarm? ☐ YES ☐ NO

D. May we contact your present or past employers, References, and/or organization(s) to which you (have) belong(ed) to regarding your application? ☐ YES ☐ NO

List your last three employers (prior to your present employer):

1. Employer: _____ Supervisor: _____

Telephone Number: _____ Dates Employed _____ to _____

Reason for leaving:

**EMPLOYMENT HISTORY CONTINUED**

2. Employer: _____ Supervisor: _____

Telephone Number: _____ Dates Employed _____ to _____

Reason for leaving:

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3. Employer: _____ Supervisor: _____

Telephone Number: _____ Dates Employed _____ to _____

Reason for leaving:

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**LIST 2 REFERENCES:**

References Name: _____ Phone Number: _____

References Name: _____ Phone Number: _____

List any current member(s) of the Waterville and District Fire Department with whom you are associated on a social or professional basis:

_____

_____

**FIRE FIGHTING EXPERIENCE**

Have you ever been a member of another fire department ☐ YES ☐ NO

or other related fire services organization?

If yes, please answer the following:

Name of the department or organization: _____

Services: (from) _____(to)_____

Verifying Authority (name, address, and telephone number):

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Have you ever applied for membership or belonged to a department ☐ YES ☐ NO

and been rejected or dismissed for disciplinary reasons?

Please provide details of any firefighting experience.

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Please provide details of any skills, training or experience you have had that would assist you as a firefighter.

Please Explain why you wish to become a firefighter:

Please list other organization(s) to which you belong (you are not obligated to list any organizations which may reflect political, religious, or ethnic interests):

**MEDICAL and EDUCATION**

Please read:

Common duties as a Fire Fighter can include but not limited to using heavy occupational tools, dragging hoses, lifting, and climbing ladders, as well as performing search and rescue activities, all while wearing up to 23kg of protective gear.

Being a firefighter requires high levels of muscular strength and cardiovascular fitness as well as it can cause extreme mental and physical stress. Being a Volunteer Fire Fighter can be extremely rewarding, however the above should all be considered before applying.

Do you have any medical concerns and /or disabilities that might limit your capabilities as a Firefighter? (OPTIONAL) ☐ YES ☐ NO

If yes, please explain:

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Do you have a post-secondary education? ☐ YES ☐ NO

Please provide details, ie: institution, dates, certifications held, etc.

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WATERVILLE and DISTRICT FIRE DEPARTMENT

MEMBERSHIP APPLICATION

**ADDITIONAL INFORMATION**

Do you have a valid driver's license? ☐ YES ☐ NO

Class of driver's license: _____

List any restrictions on your license: _____

List any drivers licence endorsements: _____

Do you own your own motor vehicle? ☐ YES ☐ NO

If no, please explain how you intend to respond?

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WATERVILLE and DISTRICT FIRE DEPARTMENT

MEMBERSHIP APPLICATION

**Please read the MEMBERSHIP AGREEMENT carefully before signing this application.**

Waterville and District Fire Department responds to over 125 alarms per year. We have 13 meetings a year, 12 monthly & Annual (usually held in April or May). We train on approximately 38-40 Monday nights a year (7pm-9pm) and sometimes on other days. Members are expected to attend 30% of the alarms (approximately 38), 30% of meetings (4) and 30% o the Monday night trainings (you will be credited for the other days you take part in).

Also, you will be added to a Duty Crew. The responsibility of the Duty Crews is to check over the trucks and equipment every Sunday. Your crew will be on duty once every 7 weeks. During the Duty Sunday your Crew will be responsible for 4 trucks and other equipment. The trucks your Crew is responsible for will alternate every other Duty. Your duty crew will be expected to be in the district from Midnight Saturday to Midnight Sunday of your duty week.

Fundraisers and other functions as required are necessary components that help with the successful operations of our Fire Department and our commitment to the community. These components require a considerable time commitment.

**Please consider this carefully before submitting this application.**

WATERVILLE and DISTRICT FIRE DEPARTMENT

MEMBERSHIP APPLICATION

By submitting this application, I agree to the following:

1. The information provided on this application form is, to the best of my knowledge, accurate.
2. If elected to membership, I will abide by the Department By-Laws, attend all activities at a level considered acceptable by the Executive Committee of the Department.
3. Any member of the Department can access this application for the purpose of review as deemed necessary by the membership committee.
4. Submission of this application does not guarantee membership. Factors determining whether an individual becomes a member relate to other criteria including, but not limited to an interview, a secret ballot of members in good standing and a probationary period.
5. I understand that applications will be processed providing there is an available space on the membership roster and not necessarily in the order received.

Signed_____

Date: _____

Note: Applications must be completed in full and received by the Waterville and District Department prior to the first Tuesday of every month. Failure to do so could result in a one-month delay in the processing of the application. Applications can be given to a member or mailed to:

Chair, Membership Committee

Waterville and District Fire Department

PO Box 99

Waterville, NS B0P 1V0

EMAIL: membership@watervilledistrictfire.ca

WATERVILLE and DISTRICT FIRE DEPARTMENT

MEMBERSHIP APPLICATION

**For Department use only. Applicant: do not write below this line.**

Committee Member's signatures indicate recommendation for membership:

Date: _____

Signed _____ Signed _____

Printed _____ Printed _____

Signed _____ Signed _____

Printed _____ Printed _____

Acceptance Date: _____

Rejected Reason:

_____

_____

Member Number (assigned after probation) _____

**Additional Comments or information:**