

STELLARTON FIRE DEPARTMENT  
APPLICATION FOR MEMBERSHIP

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

DATE OF BIRTH: DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? \_\_\_\_\_ YEARS.

DO YOU HAVE GOOD VISION? YES NO

DO YOU HAVE A FEAR OF HEIGHTS? YES NO

DO YOU HAVE ANY PHYSICAL DISABILITIES  
THAT MAY AFFECT YOUR PERFORMANCE AS  
A FIREFIGHTER? YES NO

DO YOU HAVE A FEAR OF CONFINED SPACE? YES NO

ARE YOU WILLING TO HAVE A MEDICAL EXAMINATION? YES NO

DO YOU HAVE PREVIOUS EXPERIENCE AS A  
FIREFIGHTER? YES NO

IF YES, WITH WHAT DEPARTMENT? \_\_\_\_\_

FOR HOW LONG? \_\_\_\_\_

DEPARTMENT ADDRESS \_\_\_\_\_

CHIEF: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOU HAVE ANY PREVIOUS RELEVANT TRAINING?  
PLEASE CHECK AS APPROPRIATE AND PROVIDE CERTIFICATE.

FIREFIGHTING \_\_\_\_; HEALTH & SAFETY \_\_\_\_; FIRST AID \_\_\_\_; WHMIS \_\_\_\_; TDG \_\_\_\_;

LPG \_\_\_\_; CPR \_\_\_\_; OTHER ( PLEASE SPECIFY ) \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DO YOU CONSENT TO A CRIMINAL BACKGROUND CHECK? YES NO

IF ACCEPTED AS A MEMBER OF THE STELLARTON FIRE DEPARTMENT,  
I AGREE AS FOLLOWS:

- TO BE AVAILABLE FOR CONTINUOUS SERVICE DURING THE NEXT TWO YEARS , SUBJECT TO SUCCESSFUL COMPLETION OF MY PROBATIONARY PERIOD ;
- TO WORK ON ANY COMMITTEE ( S ) THAT IS / ARE REQUESTED OF ME ;
- TO ABIDE BY ALL RULES AND REGULATIONS OF THE DEPARTMENT ;
- TO CARRY OUT , TO THE BEST OF MY ABILITIES , ALL ORDERS GIVEN TO ME BY THE OFFICERS OF THE DEPARTMENT ;
- TO COMPLETE THE LEVEL I FIREFIGHTERS COURSE AS SOON AS CONVENIENTLY POSSIBLE , BUT IN NO CASE LATER THAN TWO YEARS AFTER BECOMING A MEMBER OF THE DEPARTMENT ;
- TO PROVIDE A NOVA SCOTIA DRIVERS ABSTRACT .

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

IS YOUR SPOUSE / PARTNER WILLING TO JOIN AND HELP THE LADIES  
AUXILIARY? YES NO

SIGNATURE \_\_\_\_\_