

Nackawic Fire Department

Volunteer Membership Application

PLEASE READ CAREFULLY

As the Nackawic Fire Department is a voluntary service which the residents of the Town of Nackawic and surrounding area rely upon, as a voluntary member, you are expected to respond to all fire alarms as promptly as possible and to attend meetings which are scheduled Tuesdays of each month. In order to continue to provide this service to the residents of the Town of Nackawic, you are required to be present at 50% of all meetings and fire calls.

If you are accepted as a member of the Volunteer Fire Department, you will be required to submit an appropriate Medical Consent form prior to receiving a bunker suit, helmet, boots and gloves. Upon completion of a six month probationary period:

- A. The Fire Chief will accept you as a Volunteer Fire Fighter
- B. The Fire Chief will extend your probationary period for an additional three month period.
- C. The Fire Chief will terminate your membership to the Nackawic Fire Department.

If courses are offered, it is preferable that you attend in order to allow the Fire Department to continue to offer the high level of service to the residents of the Town of Nackawic. Reasonable expenses incurred by you, as a volunteer, will be paid upon the Fire Chief's approval.

The Fire Chief may revoke your membership with the Fire Department at any time for reasons that he or she feels appropriate.

Name	
Phone Number	
Email	
Address	
Date of Birth	

Social Insurance Number	
Emergency Contact	
Driver's License Number	
Driver's License Class (proof of valid license required)	
Place of Employment	
Position	

Please list your fire fighting experience/training: _____

Are you afraid of heights? Yes No

Are you afraid of confined spaces? Yes No

Can you wear a breathing apparatus? Yes No

Do you have allergies? Yes No

If yes, please list: _____

Are you related to a member of the Nackawic Fire Department? Yes No

If yes, please provide name: _____

Please give at least three character references that are not members of the Nackawic Fire Department.

Name	Occupation	Phone number

****You are responsible for providing a police background check and medical consent form with this application.****

I hereby declare that all the information given above is true to the best of my knowledge.

 Signature

 Date