



Volunteer Fire Fighter Application
(Please Print, Sign and Date)

Date Of Application: _____

Name: _____ / _____
Surname Given Names S.I.N.

Telephone (Home): _____ Telephone (Work): _____

Cellular Phone: _____ Email: _____

Address: _____ Postal Code: _____

Birthdate: _____ Ont. Driver's License #: _____ Class: _____
year/month/day

**** A Driver's Abstract will Be required****

Height: _____ Weight: _____ Citizenship: _____

Do you use corrective lenses? Yes / No Are you colour blind/deficient? Yes / No

Are you hearing impaired? Yes / No Are you physically impaired? Yes / No

If yes, explain: _____

Do you have any medical conditions that can affect your ability to safely perform essential fire-fighting tasks such as crawling, lifting, and carrying heavy objects, rescue operations and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged periods of time? Yes / No

If yes to any of the above medical questions, please explain: _____

Do you have any other acute/chronic medical conditions that may affect your performance as a firefighter, expose others to risk, or affects medical treatment in case of an injury? Yes / No

If yes, please explain: _____

Present Employer: _____ Occupation: _____

Is your normal job site in the Central Manitoulin area? Yes _____ No _____

Would your employer allow you to respond to emergency calls during work hours?

Always _____ Usually _____ Rarely _____ Never _____

What are your regular hours of work? _____

Are you normally available to respond to daytime emergencies? (Monday to Friday between 7:00AM and 6:00PM)

Always _____ Usually _____ Rarely _____ Never _____

The Fire Department requires you to attend Thursday night practices (approximately 7:00pm to 9:00PM). There may be some alternate evening and weekend training sessions. Can you meet this requirement, the majority of the time? Yes _____ No _____

Why do you think you would be an asset to this fire department? _____

The personal information shared on this form will be used for the purpose of an operating program of the Municipality of Central Manitoulin and will not be shared with other agencies.

If you have any other questions about the position, the application, the collection and use of this information, please contact Fire Chief Phil Gosse at pgosse@centralmanitoulin.ca or call 705-282-7367.

I, the undersigned, apply to enroll as an on-call firefighter for Central Manitoulin Fire Department, and undertake to perform such duties as may be assigned to me by the Fire Chief, or his delegated representatives in authority of the Central Manitoulin Fire Department.

I verify that that information contained on this application form is true and accurate.

I hereby give consent to Central Manitoulin Fire Department to conduct verification of the information given, as required.

SIGNED: _____ **DATE:** _____

Send or drop off your completed applications to:

Municipality of Central Manitoulin
C/O of Phil Gosse
P.O. Box 420
6020 Highway 542
Mindemoya, ON
POP 1S0
or
pgosse@centralmanitoulin.ca