



Saint-Paul Fire Department

95 Chemin de la Traverse
 Saint-Paul, NB
 E4T 3H4

Forms and Documents Required

Application Form	SPFD Medical Questionnaire
Criminal Record & Vulnerable Sector Checks (RCMP) – letter provided	Driver's Abstract from SNB
Driver's License Verification Form	Copy of Driver's License
Junior Firefighter Consent form (if applicable)	

Please provide copies of any certificates (if available) – electronic or hardcopy format for photocopy.

First Aid / CPR
Medical First Responder
Defensive Driving
Level I Firefighting
Level II Firefighting
Air Brake Course
SCBA Training (Outside instructor)
Auto Extrication
WHMIS
Other: Describe

Cell Phone number: _____

e-mail address: _____

Facebook: Y or N : _____



Saint-Paul Fire Department

95 Chemin de la Traverse
 Saint-Paul, NB E4T 3H4
 506-955-3595

Volunteer Member Application Form (All Types)

(Please Print All Information)

Personal Information

NAME: (First, Middle, Last)		DATE OF APPLICATION (MM / DD / YY)	
ADDRESS:		SOCIAL INSURANCE NUMBER	
TOWN:	POSTAL CODE:	DO YOU HAVE TRANSPORTATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE OF BIRTH: _____ Month / Day / Year (JUNIOR FIREFIGHTERS MUST BE A MINIMUM OF 14 YEARS OF AGE)		TELEPHONE: _____(H) TELEPHONE: _____(W) TELEPHONE: _____(C)	
DESCRIBE AVAILABILITY: (DAYS, NIGHTS, SHIFTS, BOTH)			
NEXT OF KIN: _____		TELEPHONE: _____(H)	
RELATIONSHIP: _____		TELEPHONE: _____(W)	
(Person to be notified in case of an emergency or accident)		TELEPHONE: _____(C)	
ARE YOU A SMOKER? Yes <input type="checkbox"/> No <input type="checkbox"/>		INTERNAL USE ONLY REGULAR <input type="checkbox"/> JUNIOR FF <input type="checkbox"/>	
DRIVER LICENCE No. _____ CLASS: _____ RESTRICTIONS: _____			
WHY DO YOU WANT TO BECOME A VOLUNTEER FIREFIGHTER? PLEASE DESCRIBE BELOW:			

Declaration:

I hereby apply for volunteer membership in the Saint-Paul Fire Department as indicated above.

I, _____, authorize the Saint-Paul Fire Department to contact the persons or organizations listed above for the purpose of obtaining reference information including information contained in my personal file. These persons are authorized to disclose such information.

I understand that I will be subject to a criminal background and vulnerable sector check.

I understand that all equipment, uniforms, protective clothing, training materials, or any other item which may be provided for my use, is the property of the fire service, and must be promptly returned to the designated officer within 48 hours upon my leaving the department, whether by resignation, dismissal or any other means.

I acknowledge that department rules, policies and procedures may establish requirements for specific levels of attendance at department activities.

I understand that participation in department activities may make me privy to information about citizens of the fire protection area, members of the department, department activities or other information of a personal or confidential nature and I will not reveal or discuss that information, except as required to carry out my duties as a firefighter.

I also agree to read and sign the Policies Procedures and Guidelines for the Saint-Paul Fire Department, the Town of Champdoré and its annexes.

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if any of this information is found to be untrue, this application may be rejected and if accepted as a volunteer firefighter, false statements on this application shall be considered sufficient cause for dismissal.

Applicants may be subject to a medical examination by a qualified physician who will fill out required questionnaire. (Cost, if any, to be reimbursed to the applicant).

Applicants are subject to a probationary period and are required to successfully complete minimum training requirements before full status is granted.

Applicant Name (please print)

Witness Name (please print)

Applicant Signature

Witness Signature

Date (month / day / year)

Date (month / day / year)

SAINT-PAUL FIRE DEPARTMENT



SURNAME: _____ **FIRST NAME:** _____ **AGE:** _____

MEDICARE: _____ **EXPIRY:** _____

1. Have you passed a complete medical exam within the last 12 months? Yes _____ No _____
2. Are you a smoker? Yes _____ No _____
If you answered yes, do you take any prescribed drugs?
Name of drugs: _____ Yes _____ No _____
3. Do you suffer from: Yes _____ No _____
 - a) Back problems Yes _____ No _____
 - b) Dizziness / weakness Yes _____ No _____
 - c) Diabetes Yes _____ No _____
 - d) Asthma Yes _____ No _____
 - e) Arthritis Yes _____ No _____
 - f) Kidney problems Yes _____ No _____
 - g) Cholesterol Yes _____ No _____
4. Has your doctor ever said to you that you have a heart condition? Yes _____ No _____
If you answered yes, do you take any prescribed drugs?
Name of drugs: _____ Yes _____ No _____
5. Has your doctor ever said to you that you have high blood pressure? Yes _____ No _____
If you answered yes, do you take any prescribed drugs?
Name of drugs: _____ Yes _____ No _____
6. Has your doctor ever said to you that you that you suffer from bone and/or joint problems that could be made worse by a change in your physical activity? Yes _____ No _____
7. Do you have any other physical reason why you should not do physical or strenuous activity? Yes _____ No _____
8. For the last 6 months, how would you rate your physical activity?
Never _____ Once a week _____
More than once a week _____ Once a month _____
9. Do you have any other physical limitations? Yes _____ No _____
If you answered yes, please indicate:

10. Do you have any allergies to food or medication? Yes _____ No _____
If you answered yes, please indicate:

SIGNATURE: _____ **DATE:** _____



Saint-Paul Fire Department

95 Chemin de la Traverse
Saint-Paul, NB
E4T 3H4

Driver's License Status

I, _____ hereby certify that I am in possession of a valid driver's license. I further agree to advise a Chief Officer of any change to the status of my driver's license (i.e. class change, restrictions, renewal, address change) as soon as possible.

Firefighter's Signature

Date

I, _____ (Chief Officer / Office Admin) hereby certify that I have been provided with a copy of this firefighter's driver's license and confirm it is valid.

Signature

Date

To be completed by a Chief Officer or Office Admin

License # _____

Class _____

Expiry Date _____



Saint-Paul Fire Department

95 Chemin de la Traverse
Saint-Paul, NB
E4T 3H4
Chief cell: 506-866-2365

Date:

To: Royal Canadian Mounted Police (RCMP)

To Whom It May Concern,

_____ has applied to become a member of the Saint-Paul Volunteer Fire department and as part of the application process we require a Criminal Record check and a Vulnerable Sector check to be completed and returned to my attention.

If you have any questions, please do not hesitate to contact me.

Regards,

David Gallant

Fire Chief

Saint-Paul Volunteer Fire Department