

NIPIGON VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

Qualification Criteria:

- Minimum 18 years of age
- Physically fit
- Hold valid Ontario Driver's license (Class "DZ" Driver's license preferred)
- Must get on within probationary period
- Willing to abide by rules and policies outlined by the Nipigon Fire Department
- Are bondable
- Interview with Fire Chief
- Prepared to have a physician perform a physical to confirm applicant's firefighting capabilities

Recruitment Procedure:

- a) *Advertising Process:*
When needed and in order to attract the best possible candidates as future firefighters, the Fire Department will place an advertisement in the local newspaper.
- b) *Application Review:*
The application review process will be undertaken by the Chief and the Membership with the intention of short listing the applicants for interviews. References will be checked. All applications will be kept on file for two years. Successful applicants will be notified.
- c) *Interview Process:*
The interview process will be conducted by the Chief. The Deputy will record the responses. It will involve questions to be directed to the applicant. It will also provide any additional information the applicant may want to add.
- d) *Practical Exercise:*
A practical exercise process may be required and shall be conducted by members of the Department.
- e) *Attending Review Process:*
Members will review applicants and make the final selection. The membership recommendations will then be forwarded to the Council for review and appointment.

Submitted by: _____

Approved by: _____

Date: _____

APPLICATION FOR MEMBERSHIP

The information collected in this application of membership is done under the authority of Section 29 (2) of the Municipal Freedom of Information and Protection of Privacy Act, for the purpose of assessing eligibility for membership. Any inquiries concerning the collection and use of this information should be referred to: Municipal Clerk/C.A.O.
Nipigon, ON 807-887-3135.

Name in Full: _____

Address (Street): _____ P.O. Box #: _____

Phone # (Home): _____ (Work): _____

Employer: _____

Immediate Supervisor: _____

Can you be called away from work for emergency duties? Yes No

Are you required to work shifts? Yes No

Firefighting may require a certain degree of physical activity.
Do you feel you are physically fit to perform firefighting duties? Yes No

Driver's License Number: _____ Class: _____

Do you own your own vehicle? Yes No

List previous experience in firefighting, first aid, or any special training you have received:

Education: _____
(High School, Post Secondary Education)

LIST TWO PERSONAL REFERENCES GIVING NAME **AND** TELEPHONE NUMBER

1. _____
2. _____

APPLICATION FOR MEMBERSHIP

Indicate your reasons for applying to join this department:

If accepted, you will be placed on a six month probation period, you will be expected to attend training and do home study of firefighting subjects. You will be tested from time to time, and if your tests indicate that you are unwilling to perform as required by the department policy, you will be dismissed.

I have read and understand the requirements for the membership in the Nipigon Fire Department.

I certify the statements made are accurate, to the best of my knowledge.

Date

Signature of Applicant

I, _____, authorize the Township of Nipigon to contact the person or organization listed above for the purpose of obtaining reference information contained in my personal file and such person or organization is authorized to disclose such information. This authorization is in compliance with Subsection 32(b) of the Municipal Freedom of Information and Protection of Privacy Act.

Date

Signature of Applicant