



PORT HAWKESBURY VOLUNTEER FIRE DEPARTMENT



309 Hiram Street, Port Hawkesbury, Nova Scotia, B9A 2R4

Ph: 902-625-1313 Fax: 902-625-5289

www.phvfd@eastlink.ca

APPLICATION AND ADMISSION REQUIREMENTS FOR VOLUNTEER FIRE FIGHTERS

All applicants for membership as a volunteer firefighter with the Town of Port Hawkesbury must meet the following qualifications:

1. Complete the application form provided, including all information requested.
2. Be at least 19 years of age and legally employable in the Province of Nova Scotia
3. Have completed high school, or have equivalent education and experience.
4. Have good written and oral communication skills.
5. Be of sound mind and body as required to perform the duties of a firefighter.
6. Be of good character, be strongly motivated, and exhibit a positive attitude.
7. Be willing to learn, take direction, and to be a team player.
8. Be able to attend training, emergencies, and other activities as required.
9. Hold a valid driver's license in the Province of Nova Scotia
10. Have a suitable vehicle to transport yourself, at any time to the fire hall or the place of an emergency as directed.
11. Be willing to obtain a criminal record check and child abuse registry check.
12. Be willing to complete a medical examination.
13. Complete Level 1 qualification training within one year of acceptance to the department
14. Previous training and experience is not required but may be considered an asset.

Name _____

Address _____

Phone (H) _____ (W) _____ (C) _____

Email _____

DOB(dd/mm/yy)_____

SEX male() female()

Do you have a valid driver's license?

Yes () No ()

Classification: _____

Do you have motor vehicle available to you at all times?

Yes () No ()

Will you be able to attend? Monthly meetings (evening)

Yes () No ()

Weekly training (evening)

Yes () No ()

Friday night Bingo

Yes () No ()

If no to any above, explain: _____

Will you be able to attend occasional training that may take you away from home? Yes () No ()

Are you "comfortable" with: The sight of blood and/or injured persons?

Yes () No ()

Heights?

Yes () No ()

Confined Spaces?

Yes () No ()

Employer's Name & Address _____

Does your work require you to leave town?

Yes () No ()

If yes, how often? _____

Is your work shift work?

Yes () No ()

Will your employer allow you to leave work to attend emergencies?

Yes () No ()

Do you have any physical or health limitations that could interfere with your ability to carry out duties as a member of this department? Yes () No ()

Explain _____

Please provide details of any previous firefighting or emergency experience.

Please provide details of any skills you have that would assist you as a fire fighter.

Why do you want to be a firefighter?

How long do you plan to be a resident of Port Hawkesbury?

Please list any other organizations to which you belong.

The information provided is, to the best of my knowledge, accurate. I agree that if elected as a member of the Port Hawkesbury Fire Department I will abide by the regulations of the department. I will attend training, meetings, emergency calls, fundraising and other events as faithfully as possible.

Signed _____

Date _____