WEST HANTS REGIONAL FIRE SERVICES
MEMBERSHIP APPLICATION

West Hants
something inspiring awaits

Poor hours, bad pay, cool hat!

Regional Fire Services Application Form
Please Print

*NOTE: A Fire Department will be assigned based off your civic address.

Date of Application:		
First Name:	**Last Name:**	**Middle Name:**
Do you reside within the West Hants Regional Municipality? ☐Yes ☐No **Address (street #, RR #, PO Box #)**		
Postal Code:	**Province:**	**Date of Birth:**
Email Address:		
Telephone (Home):	**Cell Phone:**	**Work Phone:**
Emergency Contact (Name and Relationship) **1.** _____ **2.** _____ **3.** _____	**Emergency Contact Telephone** _____ _____ _____	
Health Card Number:	**Expiry Date:**	
Social Insurance Number:		
Valid N.S. Driver's License # (attach a copy of License to the application) ☐No		
Truck Driving Experience ☐Yes ☐No **Describe:** **License Class:** **What position did you apply for?** ☐ CADET MEMBERSHIP (Age 14 - 18)? ☐ REGULAR MEMBERSHIP (Age 19+)? ☐ MEDICAL FIRST RESPONDER? ☐ SUPPORT MEMBER (non-operational)? (e.g., radio operator, logistics, etc.) Please explain:_____ _____ ☐ MUTUAL AID MEMBER?		

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Volunteer Eligibility Requirements		
Are you available to attend □ Fire Fighting □ MFR □ Training (in house & away) □ Meetings □ Department Functions		
What hours would you be available? ❑ Weekdays ❑ Weekends ❑ Weeknights ❑ Other?	**Are you legally eligible to work in Canada?** ☐Yes ☐No	**Do you meet Eligibility Requirements?** ☐Yes ☐No
Are you able to understand oral and written English? ☐Yes ☐No	**Are you able to understand oral and written French?** ☐Yes ☐No	**Other Languages? Describe:**

Have you ever been convicted of a criminal offence for which you have not received a pardon?
☐Yes ☐No Describe (Date/Place/Nature of Offense): -

_____
_____
_____

Disposition: _____

Criminal Records Check Attached (Required) If no, please explain why. ☐Yes ☐No

Do you have any physical or health limitations that could interfere with your ability as a Volunteer Fire Fighter □ Yes □ No (Note acknowledgement of limitation does not mean the applicant will be unsuccessful in acceptance into the Department)

If you answered yes, please explain so the Department is able to better understand any limitations you may have and is able to assign tasks which are more to the applicants capabilities:

Previous firefighting or emergency response experience?

☐Yes ☐No Describe:

Other experiences that may apply to this position?

☐Yes ☐No Describe:

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Other Licences and Certificates	
CPR/AED	Expiry Date:
First Aid (identify level)	Expiry Date:
Medical First Response/Paramedicine	Expiry Date:
Education Background	
School Name: Highest grade/level completed	
Post-Secondary School Name: Highest grade/level completed	
Other Formal/Specialized Courses or Training Describe: _____ _____ _____ _____ _____ _____ _____ _____ _____	
Employment Experience Present Employer: Position? How long have you been employed there? Duties? Name: Address: Telephone: May we contact this employer? ☐Yes ☐No	

Previous Employer:
Position?
How long have you been employed there?
Duties?
Name:

Address:

Telephone:
May we contact this employer?
☐Yes ☐No

Previous Employer:
Position?
How long have you been employed there?
Duties?

Name:

Address:

Telephone:
May we contact this employer?
☐Yes ☐No

Please provide an accompanying resume and copies of all licences, diplomas or certificates.

Volunteer Experience

Present Volunteer Organization:
Position:
How long did you volunteer there?
Duties:
Name of Contact Person:

Address:

Telephone:
May we contact this organization?
☐Yes ☐No

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Other Information:

Do you have a spouse/partner?	Yes	No
Have you discussed your desire to become a Fire Fighter with them?		
Are they supportive of your desire to become a Fire Fighter?		
Are you a student?		
Is your school supportive of your desire to become a Fire Fighter (Cadet/Junior)?		
Are you presently employed?		
Does your employer support your desire to become a Fire Fighter?		
Will your employer let you take time from work to answer fire calls?		
Are you employed within the region of West Hants?		

Conditions of Acceptance:

I agree that if I am appointed as a member of the West Hants Regional Fire Services, I will abide by the regulations and bylaws within the Department. I agree to attend as many alarms, training classes, and meetings as possible so that I will be a credit to the Department. I understand that I must reside in the West Hants Regional Municipality. I understand that upon my acceptance as a member of the Department I will be subject to a one-year probationary status and that during that period I may be released at any time upon review and recommendation of the Human Resources Committee of the Department.

I affirm and certify that the information given on, or attached to, this application is true and correct. I understand that any falsification of statements, misrepresentation, deliberate omission or concealment of information may be considered just cause for immediate dismissal.

I authorize West Hants Regional Fire Services to contact my references or previous employers as indicated and to obtain and review my medical assessment and police background check.

_____ _____

Signature of Applicant **Date**

_____ _____

Signature of Parent/Guardian (if CADET) **Date**

Personal information is collected under the authority of the *Municipal Freedom of Information and Privacy Act* and will be used for candidate selection purposes only. This application form complies with the *Nova Scotia Human Rights Code*.

*** Please include medical fitness form and police background check with application.**

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Internal Department Use Only

Board Interview: pass fail

Written Testing:
RCMP Abstract:
Driving Abstract:
Doctors Consent:
Parental Consent (CADETS)
Approval of HR Committee
Approval of Fire Chief

HR Committee Chair Signature Date

Chief's Approval Signature Date

Effective Date of Membership for Roll:

Probationary Period Dates: Start Date End Date

To: RCMP Staff

Re: Criminal & Vulnerable Records Check

Please accept this letter from the West Hants Regional Municipality (WHRM) on behalf of our Regional Fire Departments (Brooklyn, Hantsport, Summerville, and Windsor).

The person presenting this has made an application for a volunteer position to the West Hants Regional Fire Service. As part of our application process, it is required the applicant obtain and provide us with their Criminal Record Check and Vulnerable Sector Check.

Our regional fire service is a volunteer position and applicants would be a *Volunteer Fire Member*.

Their duties may include:

- Public Communication, data-entry, and public fundraising events.
- Emergency Response: fires, medical calls, motor vehicle accidents, search and rescues, and emergency response training. All of these duties, at some time, may include volunteer fire members as having a position of trust or authority toward a child or vulnerable person.

Vulnerable persons may include those:

- Whose health and safety have been affected,
- in an emotional state (trauma or shock), and,
- have physical limitations or restrictions.

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

Sincerely,

Bill McKee

Bill McKee
Director Of Fire Services

West Hants Regional Municipality
PO Box 3000, 76 Morison Drive, Windsor, NS, B0N 2T0
BMcKee@westhants.ca ● (902) 890-1231 ● www.westhants.ca