



# ENFIELD VOLUNTEER FIRE DEPARTMENT MEMBER APPLICATION FORM

## SECTION 1: PERSONAL INFORMATION

Name of applicant: \_\_\_\_\_  
(LAST) (FIRST) (INITIALS)

Address: \_\_\_\_\_  
(NUMBER) (STREET) (POSTAL CODE)

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over the age of 18? YES  NO

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Driver's license: \_\_\_\_\_  
(MASTER NUMBER) (CLASS) (ENDORSEMENTS) (YRS DRIVING) (Conditions)

Own transportation? Y/N \_\_\_\_\_ Normal hours of work: \_\_\_\_\_ Do you work out of town? \_\_\_\_\_

Were you ever a member of a Fire Department? \_\_\_\_\_ If yes, where? \_\_\_\_\_

When? \_\_\_\_\_ Positions held? \_\_\_\_\_

Level of training achieved: \_\_\_\_\_ Can you provide references: Y / N

List any first responder qualifications and/or training you have, which may benefit this Department:

What type of membership are you applying for (see reverse for details)? Active  Associate

For Active membership, do you anticipate any problems attending:

Tuesday night training? \_\_\_\_\_ Emergency Calls? \_\_\_\_\_

## SECTION 2: EMERGENCY CONTACT INFORMATION:

Contact Name: \_\_\_\_\_  
(LAST) (FIRST) (INITIALS)

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (PROVINCE) (POSTAL CODE)

Work Number: \_\_\_\_\_ Extension: \_\_\_\_\_

**PLEASE SEE A LIST OF REQUIRED DOCUMENTATION AS WELL AS ADDITIONAL INFORMATION ON  
THE REVERSE OF THIS APPLICATION:**

### Membership Committee Use Only

Date of interview: \_\_\_\_\_ Membership Chair Signature: \_\_\_\_\_

Committee Recommendations: \_\_\_\_\_

Comments: \_\_\_\_\_

Membership Vote (Probation) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Active Status) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# ENFIELD VOLUNTEER FIRE DEPARTMENT MEMBER APPLICATION FORM

## SECTION 3: REQUIRED DOCUMENTATION

### REFERENCES:

If you have previous Fire Fighting experience, two references should be from the fire service, with at least one being an officer.

1. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Completed Child Abuse Register Check  Valid Drivers License   
Completed Criminal Record Check

### Please Note:

- A. Any false statement on this application is grounds for immediate dismissal.
- B. A criminal record check, child abuse registry check and valid drivers license will be required before probationary membership is granted. Enfield Volunteer Fire Department will pay for the cost of these checks following the results of a preliminary interview.
- C. References will be required before probationary membership is granted.

## SECTION 4: ADDITIONAL INFORMATION

The following information is provided to help you determine if membership in the Enfield Volunteer Fire Department is right for you.

1. As an Active Member, you are expected to attend a minimum of 45% of training, 20% of emergency responses and 20% of meetings. If these standards are not achieved at the end of your Probationary period, you will not be eligible to become a full member of the department.
2. As an Associate Member, you are expected to attend 75% of meetings. Associate members do not respond to calls, and are not required to attend training. Associate members can participate in all other department functions and can participate in committees.
3. If you do not have previous Fire Service experience, you will be placed on probation for 12 months. If you do have previous Fire Service experience, your probationary period will be 12 months, but you may advance to BA certified status sooner or certain elements within the department faster (driving) if you have past FD experience/training.
4. The Department has a strict no alcohol or drug policy when participating in all Department activities. This is a Zero Tolerance Policy and will be strictly enforced. Therefore, if you have consumed alcohol or are under the influence of medication that could impair actions or judgement and the tones sound, do not respond. In addition, members will not be impaired at other fire department events like training, July 1<sup>st</sup>, bingo etc.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_