



Township of Stone Mills Fire Department

4504 County Rd. 4, Centreville, Ontario K0K 1N0

Tel. (613) 378-2475 Fax. (613) 378-0033

Website: www.stonemillsfire.ca

Serving our Communities:

- Station 1-Yarker Station 2- Enterprise
 Station 3- Newburgh Station 4-Tamworth

Please check the station you are applying for

APPLICATION FOR VOLUNTEER FIRE FIGHTER

Name: _____ Date: _____

Address: _____ E-Mail: _____

Telephone: _____

Gender: Male/Female Cell: _____

Class of drivers license: _____ Number of Years Licensed: _____

Drivers Lic. # _____

Types of vehicles driven: _____

Present Employer: _____ How Long: _____

Do you have any physical disabilities that could limit your effectiveness as a fire fighter?
Please List _____

Have you been or now in receipt of Workers Compensation? _____

If yes, please explain: _____

Do you have up to date: CPR: ____ First Aid: ____ Other Fire Training: _____

Have you had any previous fire fighting experience? ____ Where? _____

List any hobbies:

Please read and sign statement below

I _____ wish to become a fire fighter and serve the community to the best of my ability as a member of the Township of Stone Mills Fire Department. I also agree to fulfill this obligation by attending all, if not most training exercises and emergency responses with the fire department. I also understand that if accepted as a fire fighter, I will be on probation for a period of one year. I will also obtain a medical exam as requested at my cost that shall include your physician's agreement that you have no medical issues that would prevent you from wearing or using a Self Contained Breathing Apparatus in high heat and reduced visibility emergencies. Also, that you are physically capable of sustained physical activities for a period of up to 30 minutes at a time. I understand that if I neglect to report any disability on the application, immediate dismissal may occur.

My consent is given for the following:

Criminal, Vulnerable Sector Check
Driver's Abstract and Freedom of Information
(occasional demerit point check)

I understand that the Criminal, Vulnerable Sector check MUST come back clear with no violations and the Driver's Abstract must have no more than six demerit points in order to be accepted as a fire fighter. As a new fire fighter I will be required to obtain and maintain my CPR/AED, First Aid and DZ license within approximately one year. I agree to follow the chain of command as established for the Fire Department by the Council of the Corporation of the Township of Stone Mills.

I give permission for the Stone Mills Fire Department to conduct a reference check after the interview process.

Signature: _____ Date: _____

Department Use Only

Comments: _____

Accepted: _____ Declined: _____

Probation Period Starts: _____ Probation Period Ends: _____

District Chief Signature: _____ Date: _____

Chief Fire Official: _____ Date: _____

"Working Smoke Alarms Save Lives"