

MEMBERSHIP APPLICATION PACKAGE

When complete please return to membership@greenwichfire.ca or drop off the application package at our station any Monday evening after 7pm

Greenwich Volunteer Fire Department 9798 Highway 1, Greenwich, NS

Human Resources Committee Use Only			
Date Application Issued: Person Issuing Application:			

SECTION 1: Applicant Personal Information:

Surname:		Given Name:		Middle Name((s):
Date of Birth (YYYY/MM/DD):		Personal Phone #:		Work Phone #	<u> </u>
Civic #:	Street Na	Name:			
Community:		and the same of th		Postal Code:	
Email Address:		CAENI	VV	Social Insuran	ce #:
Do you possess a valid	d driver's	license?	A/4/(Yes	
		DEDAG	TI	No	
Driver's License #:	(0)	Class of License:	Restrictions:	79	Endorsements:
	ld we conta			First Emergen	ne course of your duties,
Second Emergency Contact Nam	ne:	Second Emergency Contact	Relationship:	Second Emerg	ency Contact #:
SECTION 3: Characte		3	guired to subm	nit a criminal r	record check as well as a
vulnerable sector search to those persons who require t detachment is contained wi	the departi the checks thin this ap	m <mark>ent for review. Thi</mark> s se for the purposes of volu plication package to be	e <mark>rvice is prov</mark> id unteering. A let submitted wit	ed free of cha tter addressed th the reque <mark>st</mark>	ar <mark>ge by the RCMP for</mark> d to the local RCMP t for a records check to
ensure you incur no costs. U committee for review and to member of the department	o be retaine	ed confidentially on you	ır personnel fil	e. No person	<mark>shall be</mark> acc <mark>e</mark> pted as a ful
Have you ever been co		o <mark>f criminal offence t</mark>	for which	15-7	Yes
a pardon has not been If you answered yes to		rtion above please	provide det	ails balauu	No
ii you answered yes to	o the que	stion above, piease	provide det	ans below:	
Are you willing to sub		riminal record chec	k including a	ļ	Yes
vulnerable sector che		P(Dala Y	No
Reference Name:	Cnaract	er References (Plea	ase List Two	Reference Co	ntact #:
Reference Name:				Reference Co	entact #:

SECTION 4: Employment Information:

Are you presently employed?	Yes
	No
Employer:	Employer Phone #:
Supervisor Name:	Supervisor Phone #:
Is your employer aware of your application?	Yes
FENIA	No
Will your employer allow you to attend alarms during	Yes
work hours?	No
If not, will your employer allow to attend a second alarm	Yes
signifying a major incident?	No
May we contact your employer as a reference related	Yes
to this application?	No

SECTION 5: Firefighting Experience:

Have you ever been a member of another fire service	Yes
(paid or volunteer)?	No
If yes, please complete the section below	w:
Name of Department:	
	ASI
Length of service: Name of Chief or Other Ve	rifying Authority:
207318104	
Have you ever been dismissed from another fire service	Yes
for disciplinary reasons?	No
Please List any current members of the Greenwich Fire Department	ent wi <mark>th whom</mark> yo <mark>u</mark> are
associated with on a social or professional basis below:	
FIRE RESCUE	

SECTION 6: Education/Training

Please list the highest level of edu	cation completed.	
Please list the nighest level of edu	ication completed:	
Institution Attended:	Program Completed:	Graduation Date:
Institution Attended:	Program Completed:	Graduation Date:
Do You possess a valid	First Aid, CPR or MFR Certificate?	No First Aid CPR MFR
Please List	any courses relevant to the fire service	e completed below:
Course Name:	RE DEPARTMEN	Date Taken:
Course Name:		Date Taken:
Course Name:		Date Taken:
Course Name:		Date Taken:
Course Name:	C > 1 5 =	Date Taken:
Course Name:	32 133	Date Taken:
Course Name:	69 603 10	Date Taken:

SECTION 7: Medical

If required, would you submit to a medical evaluation?	Yes	
SINCE 1033	No	
Do you have any medical conditions or disabilities which	Yes	
would be relevant to the job duties of a firefighter?	No	
If yes, please explain below:		

SECTION 8: Biography



SECTION 9: Membership Terms

Please read the following carefully prior to signing this application.

The Greenwich Volunteer Fire Department responds to an average of 80-100 emergency incidents per year. The department also holds weekly training sessions on Monday evenings starting at 7pm. We conduct various meetings, fundraising activities and community events as well throughout the year. Members of the department are expected to attend as many of these events as possible. While we recognize that life has many important commitments such as work and family life, the minimum standard of attendance is 30% of incidents, training and meetings.

Front line firefighting is an ultra-hazardous activity and while all possible steps are taken to ensure members safety, it is not without risk.

By submitting this application, I agree to the following:

- 1) The information contained in this application is accurate to the best of my knowledge
- 2) If offered membership, I agree that I will abide by the by-laws, policies, procedures and general operating guidelines of the department at all times.
- 3) If offered membership I commit to attend emergency calls, training sessions, meetings and activities of the department as much as possible and will maintain the minimum attendance standard as outlined above.
- 4) If offered membership, except as may be waived by the GVFD board of directors I acknowledge I will be subject to a probationary period of six months where my membership may be terminated at any time without cause.
- 5) Submission of this application does not guarantee acceptance to membership. Factors determining acceptance include the successful completion of an interview, background investigations and successful completion of the above mentioned probationary period.
- 6) If accepted for membership, I shall hold confidential all information obtained in the course of my duties as a firefighter, including the nature or cause of fires, medical information of patients or parties involved or the names/personal information of those involved in any incident I respond to.

Applicants Signature:	 Date:
Witness Signature:	Date:

SECTION 10: Human Resources Committee Approval

Date Application Received:	Date Applicant Interviewed:
Date Accepted for Membership	Date Rejected for Membership:
Roll Number Assigned:	Probationary Review Date:
Human Resources Committee:	Signature:
Human Resources Committee:	Signature:
Human Resources Committee:	Signature:
Did you obtain cell phone provider information	for IAR? Yes
Did you complete personnel profile for FirePro	

SECTION 11: Probation Review:

Date Probation Reviewed	Recommendation to the board of directors:
Human Resources Committee:	Signature:
Human Resources Committee:	Signature:
Human Resources Committee:	Signature:
Date Full Membership Confirmed:	Member Signature:

SECTION 12: Criminal Record Check/Vulnerable Sector Check

Prospective members should detach or print off page 8 of this application to present to either the New Minas or Wolfville Detachment of the RCMP when they apply for these checks. By presenting the attached letter the RCMP will waive any fees relating to the application for records searches.

Criminal Record Check/Vulnerable Sector Check Received?	Yes
	No
Human Resource Committee Signature:	Date Received



Kings District RCMP 8833 Commercial Street New Minas, NS B4N 3C4

To Whom It May Concern:

The Greenwich Fire Department is a volunteer organization serving Kings County. As an emergency service provider we strive to insure our members are of good moral character. As part of our recruitment process, we require prospective members to obtain both a criminal record check and vulnerable sector check.

If you have any questions regarding a perspective member attempting to obtain either of these checks, please contact me directly at 902-670-5767.

Sincerely,

Jason Ripley Fire Chief

Greenwich Volunteer Fire Department