



Fort Simpson Volunteer Fire and Ambulance Department

MEMBERSHIP APPLICATION

Legal name: _____ DOB(18+): _____

Address: _____ Phone: _____

Email: _____ Employer: _____

I do hereby signify that this application is made with my knowledge and consent:

Supervisor signature: _____ Supervisor (Printed): _____

Class of driver's license: _____ Do you have transportation available 24 hours? Yes/No

Do you have any physical/ mental conditions that may inhibit your ability to fight fires or attend ambulance calls? (an existing condition does not constitute an automatic barrier to membership. Eligibility for consideration will be based on the nature of the condition)

Yes/No If yes please specify: _____

Formal Education: _____

Have you been convicted of a crime that you have **not** been given a record suspension for? Yes/No
(a criminal record does not constitute an automatic barrier to membership. Eligibility for consideration will be based on the nature of the offence)

How long do you plan to reside in Fort Simpson? _____

Previous Firefighting experience: _____

Previous EMS experience: _____

1. I realize that the Department is not a social club and that as a member I will be required to spend my personal time to attend fires, ambulance calls, meetings, drills, and work on committees.
2. Falsification of information on this application is grounds for dismissal.
3. It is understood that I am expected to attend weekly fire meetings and failing to attend three meetings without being excused by an officer of the department may be grounds for dismissal.
4. It is understood that I may not discuss any information I may have heard or witnessed during a Department operation with the public or the media and will refer all inquiries to the Fire Chief.

Applicant Signature

Date