

## Westlock County Fire Services Application for Membership

*Please ensure all of the application is complete.*

- Driver Abstract current within the last 30 days is attached
- Photocopies of all course certificates referred to in your application are attached
- Criminal Record Check including Vulnerable Sector Check current within the last 30 days is attached  
\*Note: Charge or conviction of an offense does not necessarily preclude consideration for the position of Paid on Call Fire Fighter. Any violation will be judged on the basis of its relation to this occupation.  
 \*Note: Junior Members do not need the Vulnerable Sector Check

I, the applicant, acknowledge that being a member of the Westlock County Fire Department is a commitment of time and I agree to attend and participate in training programs as provided. I understand that occupational health and safety regulation state that being clean shaven is a requirement for the use of self contained breathing apparatus and I agree to comply with these regulations.

I also understand that any cost incurred for providing required or requested information is my responsibility.

I, the applicant, do hereby swear that all information is true and accurate and consent to reference and security checks should it be required.

\_\_\_\_\_  
Date

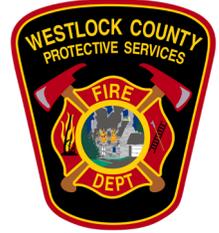
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if under 18 years of age

|                   |  |
|-------------------|--|
| <b>Return to:</b> | Westlock County Protective Services Department<br>Attention: John Biro, Fire Chief or<br>Faye Doblanko, Protective Services Coordinator<br>10336 – 106 Street, Westlock, AB<br>T7P 2G1<br>(780) 349-3346 |
|-------------------|--|

|                                  |
|----------------------------------|
| Membership Application Accepted: |
| Official Start Date:             |
| Approved By:                     |



**Please Circle Department**

Busby Clyde Fawcett Jarvie Pickardville

**A. Personal Information**

|   |             |                |                |
|---|-------------|----------------|----------------|
| Name:                                       |             | Date of Birth: |                |
| Mailing Address:                            |             | City/Town:     | Postal Code:   |
| Email:                                      |             |                |                |
| Home Phone:                                 | Work Phone: | Cell Phone:    | Cell Provider: |
| Are you legally entitled to work in Canada? |             |                |                |

**B. Emergency Contact**

|       |          |        |               |
|-------|----------|--------|---------------|
| Name: | Address: | Phone: | Relationship: |
|-------|----------|--------|---------------|

**C. Employer Information**

|                    |          |   |
|--------------------|----------|---|
| Company Name:      | Address: | Phone:  |
| Supervisor's Name: | Phone:   | Will your employer allow you to attend calls during work? |

**D. Experience & Training**

| Firefighting Training, Experience, and/or Certificates. <i>Attach Certificate Copies</i> | Name of Training/Certificate | Date Completed |
|--|------------------------------|----------------|
|  |                              |                |
|  |                              |                |
|  |                              |                |
| Other Related Training (First Aid, etc) <i>Attach Certificate Copies</i>                 | Name of Training/Certificate | Date Completed |
|  |                              |                |
|  |                              |                |
|  |                              |                |

**E. Related Skills**

|                      |                     |              |
|----------------------|---------------------|--------------|
| Driver's License No. | Province of Issue:  | Expiry Date: |
| License Class:       | Special Conditions: |              |