



## 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.

I, the applicant, acknowledge that being a member of the Westlock County Volunteer 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 Attention: John Biro, Fire Chief or Faye Doblanko, Protective Services Coordinator 10336 – 106 Street, Westlock, AB T7P 2G1 (780) 349-3346
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Membership Application Accepted:
Official Start Date:
Approved By:

The information collected on this document will be used for the purposes allowed under the authority of the Municipal Government Act to process your application. The personal information that you provide may be made public, subject to the provisions of the Freedom of Information and Protection of Privacy Act Section 33(c). Questions regarding the collection and use of this information can be directed to the Westlock County FOIP Coordinator at 780-349-3346.



**Please Check off 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:
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**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:	



**RELEASE OF LIABILITY for PRACTICAL EVALUATION**

I, the undersigned applicant, acknowledge that I have been warned that undergoing physical tests described in the application information can be dangerous to my health, if I am not in good health and physical condition. I hereby certify that I have satisfied myself that undergoing such tests will not be dangerous to my health.

To the best of my knowledge, I do not at present have an illness or injury of any nature whatsoever. In consideration of Westlock County Fire Services considering my application as a volunteer firefighter, I expressly agree that it is my sole responsibility to determine whether I can undertake such tests without danger to my health.

I release and discharge the Westlock County Fire Services and Westlock County from any and all claims, damages and actions of every nature for or in respect of anything done or omitted to be done in connection with the establishment or supervision of the physical fitness tests, or the advice as to their nature and possible danger to my health, whether or not such act or omission shall constitute negligence, and in particular from any and all injuries, including death, which may result from my performing or attempting to perform such tests.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at Westlock, Alberta.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



**Please read the following carefully before signing:**

I understand that the position of Paid on Call Firefighter offered to me by Westlock County may be dependent upon satisfactory returns from reference checks and successful completion of the probation period. I authorize Westlock County to contact the persons or organizations listed in this application for the purpose of obtaining reference information including information contained in my personnel file(s). These persons are authorized to disclose such information.

I understand that it is a condition of my service to follow all established safe working practices and other policies of Westlock County. I certify that the foregoing is understood and statements made by me in this application are true and complete. It is also understood and agreed upon that any misrepresentation, false or misleading statements, incomplete information or omissions by me in this application will be sufficient cause for the application to be rejected or my appointment to a position cancelled.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date