



TOWN OF SIDNEY

SIDNEY VOLUNTEER FIRE DEPARTMENT Application for Membership

Date of Application _____

CONTACT INFORMATION			
Last Name		First Name	
Street	City	Province	Postal Code
Home Phone Number		Business Phone Number	
PERSONAL INFORMATION			
How long have you been a resident in the Town of Sidney? _____ Years			
Date of Birth:	Height	Weight:	
Social Insurance Number			
Is your ability to perform Fire Fighting duties likely to be affected due to a current or previous illness or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes give details			
Can you respond to Fire Calls during the Weekdays? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a Valid Drivers License? <input type="checkbox"/> 5_ <input type="checkbox"/> 4_ <input type="checkbox"/> 3_ <input type="checkbox"/> 2_ <input type="checkbox"/> 1_			
What classification of License do you have? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there any Restrictions on your License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have an Air Endorsement on your License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently hold a valid First Aid Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever been a member of a Fire Dept. before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes give details	
Have you ever applied to join the Sidney Volunteer Fire Department before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes what was the date of application?	
Present or last employer	
Duties of employment	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Level of Education: Completion of High School _____ Post Secondary _____ Trade Ticket _____ Other _____	
Comment on aspects of your experience or education related to the field of Fire Fighting or First Aid	
DECLARATION	
I certify that the statements made by me in this application are true and complete to the best of my knowledge. I understand that if any of these statements are found untrue, this application may be rejected. As well I give my consent to have a criminal record search and drivers abstract done on my background.	
Date	Signature
OFFICE USE ONLY	
Criminal Record Check Done <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____	
Driver Abstract completed <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____	
Findings: <input type="checkbox"/> No Record <input type="checkbox"/> Record Found On File	