



**VOLUNTEER FIREFIGHTER APPLICATION FORM**  
 Norfolk County Fire & Rescue Services  
 Headquarters: 95 Culver Street Simcoe ON N3Y 2V5  
 Tel: 519-426-4115 Fax: 519-426-4140



The Corporation of Norfolk County Fire & Rescue Services is an equal opportunity employer.  
**Accessibility accommodations are available for all parts of the recruitment process.**  
**Applicants need to make their needs known in advance of aptitude testing day.**

**PERSONAL INFORMATION:**

Surname: \_\_\_\_\_ Given Name (s): \_\_\_\_\_ Initial: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address of Residence: \_\_\_\_\_

Community: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Same as Above

Community: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

If less than 2 years, where did you reside previously? \_\_\_\_\_

Community: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Have you written and successfully passed the NCFRS Firefighter applicant  
 aptitude test within the last year? Y      N

**DECLARATION:**

**Read the following carefully. Please sign and date below.**

**I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from membership in the fire department, or if I become a member may be cause for my dismissal.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Privacy Act and Norfolk County Policy CSD-03 and will be used only for employment assessment purposes as a volunteer firefighter in Norfolk County Fire & Rescue Services Division. Questions about this collection should be directed to the Fire Chief at 95 Culver Street, Simcoe Ontario, N3Y 2V5. Tel: 519-426-4115.

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**GENERAL INFORMATION:**

Are you legally eligible to work in Canada? Yes  No

Are you at least 18 years of age? Yes  No

Do you have a valid driver's license? (Minimum of "G" required) Yes  No

Type: \_\_\_\_\_

Do you own a motor vehicle that is available to you at all times? Yes  No

Do you live in Norfolk County? Yes  No

\*\*Applicants must live within their Station district

Will you be able to participate in weekly scheduled training sessions? Yes  No

If no, explain: \_\_\_\_\_

\_\_\_\_\_

Are you "comfortable" with the sight of blood and/or injured persons? Yes  No

If no, explain: \_\_\_\_\_

\_\_\_\_\_

It is important that your employer is aware that you have applied to be a volunteer firefighter, as it may require you to be away from your employment at various times (depending on your schedule).

Have you spoke with your employer regarding applying for this position? Yes  No

Will your employer allow you to leave work to attend emergencies? Yes  No

If no, explain: \_\_\_\_\_

\_\_\_\_\_

Please provide any other details that should be considered when reviewing your daytime or evening availability or clarify your home/work location.

\_\_\_\_\_

\_\_\_\_\_

When not at work do you remain local and will you be available to attend emergencies?

always (90%)    usually (75%)    sometimes (50%)    seldom (25%)   

Explain: \_\_\_\_\_

\_\_\_\_\_

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**EDUCATION / EXPERIENCE:** (Please describe the level of education you have completed to date and provide relevant documentation).

Secondary School Education Grade Achieved: \_\_\_\_\_

Business, Trade, or Technical School: \_\_\_\_\_

Name of Program: \_\_\_\_\_ Length of Course: \_\_\_\_\_

License, certificate, or diploma awarded? Yes  No

Community College: \_\_\_\_\_

Name of Program: \_\_\_\_\_ Length of Course: \_\_\_\_\_

License, certificate, or diploma awarded? Yes  No

University: \_\_\_\_\_

Name of Program: \_\_\_\_\_ Length of Course: \_\_\_\_\_

Degree awarded? \_\_\_\_\_ Yes  No

Please describe any other skills, licenses, tickets, experiences or training that is relevant to this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER EXPERIENCE (FIRE OR OTHER):**

Name of volunteer organization: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Name of volunteer organization: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Name of volunteer organization: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER FIREFIGHTER APPLICATION FORM**

**EMPLOYMENT:** (May attach resume to compliment information stated below)

Name of current or last employer: \_\_\_\_\_

Employer's mailing address: \_\_\_\_\_

Street address of your work location: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

What is your work schedule? \_\_\_\_\_

Can we contact this employer? Yes  No

**Employer #2** Name of employer: \_\_\_\_\_

Employer's mailing address: \_\_\_\_\_

Street address of your work location: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Can we contact this employer? Yes  No

**Employer #3** Name of employer: \_\_\_\_\_

Employer's mailing address: \_\_\_\_\_

Street address of your work location: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Can we contact this employer? Yes  No

**OTHER INFORMATION:**

If you have any additional information that you feel is relevant, you may provide it here or on attached sheet (s) such as a resume. If using an attached sheet (s) please place your name and date on every sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_