



**SOUTH STORMONT FIRE SERVICE  
APPLICATION FOR VOLUNTEER FIRE FIGHTER**

"This application form complies with the Ontario Human Rights Code, R.S.O. 1990"

LAST NAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_

Street                                      City                                      Prov.                                      Postal Code

\_\_\_\_\_

TELEPHONE NO: (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

EDUCATION – Secondary School (highest grade or level completed):

\_\_\_\_\_

COLLEGE / UNIVERSITY:                      Degree awarded                      YES                       NO

Have you ever been a member of a fire department?                      YES                       NO   
If Yes, how many years? \_\_\_\_\_

What was the name of the Fire Department? \_\_\_\_\_

Are you legally eligible to work in Canada?                      YES                       NO

Are you over the age of 18 years?                      YES                       NO

Would you agree to a medical examination?                      YES                       NO

Do you have a Class "DZ" drivers permit?                      YES                       NO

Are you available to be called out both day and night?                      YES                       NO

If not both of the above, state which one you would be available ?                      DAY                       NIGHT

Please state why you would like to join this fire department:

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

Which station are you applying for:

LONG SAULT                       INGLESIDE

NEWINGTON                       ST. ANDREWS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date