

La Ronge Fire Department

Box 5680 La Ronge Saskatchewan S0J-1L0 Phone (306) 425 3230 Fax (306) 425 3883

MEMBERSHIP APPLICATION FORM

Personal Information:

Name: _____ Phone Wk: _____ Home: _____

Date Of Birth _____ SIN _____ Marital Status _____

Address: Postal _____
(include Community & Postal Code)

Civic _____
(include Street, house and Apartment #'s)

Emergency Contact _____ Phone (____) _____
(Next-of-Kin)

Address _____
(Civic address for those living in our community - Postal address for out-of-town contacts)

Occupation _____

Employer: Name of Company or Firm _____

Address _____ Phone (____) _____
(Postal address)

Supervisor _____ Phone (____) _____

Length of Employment _____ (If less than 3 years complete Employment History)

Employment History:

Employer Name & Address

Dates of Employment

1 _____

2 _____

3 _____

Drivers Licence # _____ Class _____

more...2/

Health:

Health Condition _____ Date of Last Medical _____

Medical Conditions _____
(i.e.: heart conditions, allergies, diabetes, asthma, etc.)

Saskatchewan Health # _____

Skills & Training:

(Although Fire training is an asset it is not required...the Department offers extensive training)

Details of Fire/Rescue Training & Experience: (please include photo copies of current certificates)

Type of training (i.e.: NFPA Level One)	Department/Organization	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list other Certification, Training or Skills you will bring to the Department:

Type of training or skill	Department/Organization	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

Please include references who can provide information about previous Fire Department employment, Emergency Services work or 1st responder training. You may also include persons who can provide general or employment related references. **Do not use current members of the La Ronge Fire Department as references.**

Name	Position	Daytime	PHONE	Evening
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

more...3/

Questionnaire

Please use the space below, or a separate sheet, to write a brief note about your reasons for wanting to join the La Ronge Fire Department.

Statement of Intent

Membership in the La Ronge Fire Department means a substantial commitment of time and energy. I am prepared to spend the required time in fighting fire and in training. I understand that fire-fighters are also expected to volunteer time for fire prevention and community activities. I will take responsibility to keep myself and other fire-fighters safe at all times during training and on the fire ground. I am ready to answer calls at all hours and in extreme conditions. And, I understand that repeated failure to fulfil these obligations may be taken as cause for dismissal from the Department.

I have read and understood the RECOMMENDED OPERATING GUIDELINES (ROG's) of the La Ronge Fire Department and agree to follow them.

Applicant Signature

Date

Please return completed Application Form, Employer's Authorization Form and copy of ROG's to:

R. Pratt, Chief, La Ronge Fire Department
Box 5680, La Ronge, Saskatchewan, S0J 1L0
Tel: (306) 425-3230 Fax:(306) 425-3883