



# Township Of South – West Oxford

## Volunteer Firefighter Application



*Please Print Clearly*

**Personal:**

Date: \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Apt. No. Street

Address: \_\_\_\_\_  
City Prov. Postal Code

Telephone: \_\_\_\_\_

**Occupation:**

Employer: \_\_\_\_\_

Working Hours: \_\_\_\_\_

Address: \_\_\_\_\_  
Apt. No. Street

Address: \_\_\_\_\_  
City Prov. Postal Code

Telephone: \_\_\_\_\_

Name of Foreman/Supervisor: \_\_\_\_\_

Firefighter Experience/Qualifications: \_\_\_\_\_

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

Drivers Licence: \_\_\_\_\_ Type: \_\_\_\_\_

**References:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

I, the undersigned applicant for the position of volunteer firefighter, hereby agree as follows:

1. To obtain and present a medical certificate from the physician of my choice, at my own expense, upon this application being accepted, and every three (3) years thereafter.
2. To obtain and maintain, at my own expense, a "D" Class Licence (if not already achieved) within twelve (12) months of acceptance of this application.
3. To obtain and maintain, at my own expense, a "Z" Endorsement (Air Brakes) within twelve (12) months of acceptance of this application.
4. To abide by all rules and regulations of the Township of South – West Oxford Fire Departments.
5. To obtain at my own expense a police record check from my local police department.

Applicant's Signature: \_\_\_\_\_

***This Section to be completed ONLY after hiring.***

Date of Birth: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Person to be notified in case of accident or emergency: \_\_\_\_\_ Phone: \_\_\_\_\_