



# Sir James Dunn Fire Department

80 Reed Avenue  
Saint Andrews, NB E5B 1A1  
(tel.) 506-529-5150 (fax) 506-529-5183  
email: [fire@townofstandrews.ca](mailto:fire@townofstandrews.ca)

---

## Volunteer Fire Fighter Application

Surname: \_\_\_\_\_ Middle Initial(s): \_\_\_\_\_

Given Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(dd/mm/yyyy)

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

Town / City: \_\_\_\_\_ Province: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ yrs. \_\_\_\_\_ mo.

Last Previous Street Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ Province: \_\_\_\_\_

Telephone number (res.): \_\_\_\_\_ (bus.) \_\_\_\_\_

Primary Email: \_\_\_\_\_

.....

Highest Education Level Attained: \_\_\_\_\_

Have you had any previous firefighting experience? \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

If YES, explain (attach any supporting documentation): \_\_\_\_\_

\_\_\_\_\_

You must have a valid driver's license to apply and be considered as a Volunteer Fire Fighter.

Date Licensed: \_\_\_\_\_ License Class: \_\_\_\_\_ License No.: \_\_\_\_\_  
(dd/mm/yyyy)

Do you have any physical disabilities? \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

If YES, explain: \_\_\_\_\_

\_\_\_\_\_

OVER.....

Please attach three (3) references from non-family members. Also, no reference is to be from any current member(s) of the Fire Department. (include relationship, address & phone number for each).

*Please Read the Following Carefully*

.....  
**Expectations**

- Operate as a member of a team and independently at incidents of uncertain duration.
  - Spend extensive time outside exposed to the elements.
  - Tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (up to 400 degrees F), humid (up to 100%) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.
  - Work in wet, icy, or muddy areas and perform a variety of tasks on slippery, hazardous surfaces such as on rooftops or ladders.
  - Work in areas where sustaining traumatic or thermal injuries is possible.
  - Wear personal protective equipment weighing approximately 50lbs. while performing fire-fighting tasks.
  - Face exposure to infectious agents such as hepatitis B or HIV.
  - Be exposed to grotesque sights and smells associated with major trauma and burn victims.
  - Face exposure to carcinogenic dusts or toxic substances through either inhalation or skin contact.
  - Use manual and power tools in the performance of duties.
  - Rely on senses of sight, hearing, smell and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation.
- .....

**\*\* UPON SIGNING THIS APPLICATION FORM, YOU CONSENT TO A MANDATORY CRIMINAL RECORDS CHECK TO BE CONDUCTED BY THE RCMP. (COMPLETE ATTACHED FORMS)**

I authorize the Police Service to enquire into my background in order to determine my suitability as a Fire Fighter. These enquiries will include a criminal check and a review of all other police contacts deemed relevant by the Saint Andrews Fire Dept. and the Police Service. I further consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offenses that are listed in the schedule to the Criminal Records Act. I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offenses listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the RCMP to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police service or other authorized body. That police service or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the St. Andrews Fire Dept., that information will be disclosed to the Fire Chief of the Saint Andrews Fire Dept.

---

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(dd/mm/yyyy)