



BURK'S FALLS & DISTRICT FIRE DEPARTMENT
168 Ontario Street, P. O. Box 70,
Burk's Falls Ontario P0A 1C0
Phone-Fax # 705-382-2611
bfdfd@bellnet.ca

APPLICATION FOR PROBATIONARY VOLUNTEER FIREFIGHTER

Name : _____

Address: _____

Phone no. : _____

Email Address: _____

Class of Driver's Licence Currently Held : _____

Willing to upgrade ? Yes ____ No ____

Do you have a valid First Aid / Cpr Certificate? Yes ____ No ____

Do you have a valid AED Operator's Certificate ? Yes ____ No ____

Are you willing to enroll in the Recruit Firefighter program at the Ontario Fire College in Gravenhurst? Yes ____ No ____

Can you commit to bi-weekly training sessions at the firehall throughout the year? Yes ____ No ____

Are you willing to carry a pager ? Yes _____ No _____

Location of current employer, phone number and length of service:

Do you have any previous fire or emergency service experience?

Yes _____ **No** _____

If yes please list:

May we contact your former department for a reference ?

Yes _____ **No** _____

Please list any other community involvement :

A criminal background check and a current drivers abstract will be required before training commences

Please return completed application to :

**Village of Burk's Falls Municipal Office,
Attn : Fire Chief Dave McNay**