



**Truro Volunteer Fire Brigade**  
**Firefighter**  
**Applicant Package**

When all required documentation is assembled, return this package to the Fire Station or contact the membership chairman as listed inside.

The Truro Volunteer Fire Brigade is always looking for energetic individuals who want to serve their community. There are many tasks for someone who has these abilities and remember: you may not know what you want to do until you join.

Some of the things that we do are fighting structure fires, vehicle extrication, answering alarms, water/ice water rescue, grass/brush fires as well as community work such as assisting with parades and fund raising. We also have brigade related activities such as sports (softball, golf, darts, curling, bowling), and holding various functions,

# **Truro Volunteer Fire Brigade**

## ***Application for Membership***

### **Application Review**

In order to ensure your application is reviewed please have the following documents completed after the Membership Committee has contacted you.

- Completed Application Form
- Copy of Drivers License (If Applicable)
- Criminal Record Check
- Medical Completed by Physician
- Membership dues of \$5.00 attached

If costs are incurred during this process please obtain a receipt(s) and present to the Membership Chairperson. These costs will be reimbursed to the applicant upon the beginning of the six month probationary period.

**Membership Chairperson:** John Congdon

Contact via phone at 897-4687 or through email (If completed online).

### **Eligibility for Membership**

- In order for application to be reviewed, applicants must be nineteen (19) years of age at date of application and eligible to be covered under the Nova Scotia Workers Compensation Act
- Candidates must reside within the area protected by the Truro Fire Service
- Candidates must be community minded and willing to donate portions of their time without remuneration
- Once application has been made and interview completed, the applicant's name will be read at the next monthly meeting and if approved by the membership will begin a six (6) month probationary period
- Former Brigade Members in good standing wishing to reapply, upon completing the application form, are asked to contact the Membership Chairperson

## **Possible Duties and Responsibilities**

- Respond to emergency calls which may require:
  - Extinguishing fires while wearing full protective equipment;
  - Performing various types of rescues
  - Handling hoses and directing fire streams
  - Carrying, putting up and climbing ladders
  - Performing salvage work
  - Performing various ventilation techniques
  - Other emergency scene duties as required
- Attending various training events on a regular basis. These may include:
  - Brigade in-house training
  - Colchester County Fire Training
  - Provincial Fire School
- Participate in Brigade functions which may include:
  - Parades
  - Fundraising activities
  - Sporting activities
  - Hall maintenance



## Application For Membership

*To the Officers and Members of the Truro Volunteer Fire Brigade*

I, \_\_\_\_\_ hereby make application for membership to the Truro Volunteer Fire Brigade. If elected I will conform to all rules and regulations of the Truro Fire Service and the Fire Brigade, which now or hereafter may be enacted.

<b>Date of Birth</b>			
	Day	Month	Year

### Address

Street	Town	Postal Code	Contact Number (s)
			(H) (W) (C)

**Email Address:** \_\_\_\_\_

**If not at the above address for the past three (3) years please complete the portions below:**

Street	Year	Town	Address	Postal Code

### Education

Type of School	Name of School	Level Completed
High School		
Post Secondary / Other		

**Skill Sets, Hobbies, Interests, and Sports:**

Current Employment	
Position: _____	
Available to respond during workday (YES / NO): _____	
Employers Signature	
Permission to contact employer if not listed as a reference (YES / NO)	

Past Employment History		
<b>Name of Employer</b>	<b>Name of Last Supervisor</b>	<b>Employment Dates</b>
Address	Your Job Title	From:
Phone Number		To:
<b>Name of Employer</b>	<b>Name of Last Supervisor</b>	<b>Employment Dates</b>
Address	Your Job Title	From:
Phone Number		To:

**References**

**The Truro Volunteer Fire Brigade asks for three (3) references. (Work Related, Personal, or Volunteer)**

Name	Address	Phone Number

<b>Previous Firefighter Experience: _____(Y) _____(N)</b> <b>If yes, what year(s) and location(s)?</b>  
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- **In submitting this application I understand and agree to the following:**
  - **I plan to have permanent residence in the area protected by the TVFB**
  - **If approved by the Membership Committee I shall be on a six (6) month probationary period. At the end of said probationary period, the Membership of the Brigade will hold a vote as to whether I become a full member of the Brigade**
  - **I will attend Practices, Meetings, and Calls as per Brigade Bylaws**

**By signing this application I authorize the Truro Volunteer Fire Brigade to investigate my suitability as a member.**

\_\_\_\_\_  
**Applicant Name**                      **Applicant Signature**                      **Date**

**\*If a Brigade Member is recommending the Applicant**

\_\_\_\_\_  
**Brigade Member Witness**                      **Brigade Member Signature**                      **Date**

**Attach  
Criminal Records Check  
Document to this page**

**Attach  
Copy of Driver's License (Both Sides)  
and Driver's Abstract  
To this page**

## Truro Volunteer Fire Brigade *Physician's Assessment Form*

Dear Doctor:

\_\_\_\_\_ has applied for membership in the Truro Volunteer Fire Brigade.

A Volunteer Firefighter may be expected to carry out a variety of tasks. Lists of example tasks are listed below.

Carrying ladders	Carrying/dragging a victim during a rescue
Climbing ladders/stairs and carrying equipment	Lifting weight, using axes, pushing and pulling
Exposure to high temperatures of fire and extremes of weather	Holding hose lines (nozzle reaction pressure of 150 PSI)
Weight of protective equipment approximately 35-40 pounds	Working in confined spaces which may require flexibility

Using the above guidelines, would you please assess the applicant and determine their physical fitness for firefighting?

Yes    No

- Has the applicant ever been treated for a heart related condition? If yes, please comment below.
- Are there any other medical limitations that may preclude the applicant from performing regular firefighting duties?

***I have examined \_\_\_\_\_ and find him/her \_\_\_\_FIT \_\_\_\_UNFIT.***

Comments:

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Physician's Signature				
Physician's Name		Day	Month	Year
Address				
Postal Code				