



Fort Smith Volunteer Fire/EMS Application

Applicant Information

Full Name: _____ Date: _____
Last _____ First _____ Initial _____

Address: _____
Street Address _____ Apartment/Unit # _____

City _____ Territory _____ Postal Code _____

Primary #: _____ Email: _____

Home Phone: _____ Work Phone: _____

Can you produce a clean driver Abstract? YES NO Are you able to pass a driver medical? YES NO

Can you produce a clean criminal record? YES NO

Employer Information

Employer: _____ Occupation: _____

Approval: _____ Date: _____
Supervisor's Name _____ Supervisor's Signature _____

Education and Training

Please list all education or training you may have related to Fire or EMS:

Institution: _____ Course: _____

Institution: _____ Course: _____

Institution: _____ Course: _____

Institution: _____ Course: _____



Emergency Contacts

Please provide two emergency contacts:

Full Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Full Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

References

Please list two references. One should be your current or most recent employer.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Fire/EMS Experience

Department: _____ Phone: _____

Address: _____ Supervisor: _____

May we contact your previous Supervisor for a reference?

YES

NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.

Applicant's Signature: _____ Date: _____

Fire Chief's Signature: _____ Date: _____

Thank you for your interest in joining the Town of Fort Smith Protective Services team! We will review your application, assess our current volunteer needs, and be in touch soon.



Application Checklist



Member Name: _____

Ensure all these documents have been collected and put on file prior to commencing training with a recruit.

DOCUMENT	APPLICANT INITIALS	REMARKS
Fire/EMS Application		
Driver's Abstract		
Criminal Record Check		
TD-1 Form		
New Employee Form		
Electronic Deposit Form		
Oath of Confidentiality		
Driver's License Copy		
WHMIS Cert/ICS 100		
Orientation Package Read and Understood		
New Member orientation signed off		
Any Other Relevant Certificates:		

All the above documents have been reviewed and are in the applicants training file.

Applicant's Signature: _____ Date: _____

Fire/EMS Chief's Signature: _____ Date: _____