



Fort Smith
NORTHWEST TERRITORIES



Fire & EMS Department Volunteer Application Package



Fort Smith Volunteer Fire/EMS Application

Applicant Information

Full Name: _____ Date: _____
Last First Initial

Address: _____
Street Address Apartment/Unit #

Town / City Territory / Province Postal Code

Primary #: _____ Email _____

Home Phone: _____ Work Phone: _____

Can you produce a clean driver Abstract? YES ☐ NO ☐ Are you a permanent resident of Fort Smith? YES ☐ NO ☐

Can you produce a clean criminal record? YES ☐ NO ☐ Are you an out-of-town rotational worker? YES ☐ NO ☐

Are you able to pass a driver medical? YES ☐ NO ☐ Do you have a seasonal wildfire job? 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: _____