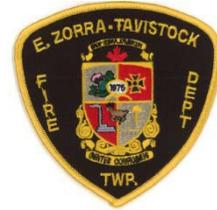




## Volunteer Firefighter Recruitment

Periodically, the Township of East Zorra-Tavistock Fire and Emergency Services Department actively recruits new **Volunteer Firefighters.**



Listed below is a short summary of qualifications/expectations to be a volunteer firefighter. If you have reviewed the information, enjoy helping people, appreciate continuous learning, and are physically fit, you may be an ideal candidate for a position as a volunteer firefighter.

### Volunteer Expectations:

- A volunteer firefighter performs firefighting duties and participates in community events as required
- Must be at least 18 years of age
- New recruits must be able to attend a recruit training program or provide proof of completion of a training program acceptable to the Township Fire Chief.
- Successfully complete Volunteer Firefighter Recruit Training
- Respond to and work in all types of weather under less than ideal conditions
- Expected to work in a safe manner, in accordance with all applicable Acts, Regulations, Policies
- Carry a pager and respond to emergencies when available
- Attend regular scheduled training twice per month
- Must submit a Township of East Zorra-Tavistock Firefighter application to a District Chief or the Township office
- Must submit a current police check and driver's abstract upon successful application
- Must be willing to obtain a "D - Z" or equivalent driver's license at your own expense, within 12 months of being hired
- Must produce a doctors physical examination form signed by your doctor upon being successful
- Understand that you are on a one year probation period
- Must obtain permission from employer granting permission to leave to attend fire calls
- Be conscientious and dependable as well as a Team Player

The Township of East Zorra-Tavistock Fire Department's primary goal is to protect lives and save property. All 3 departments in the Township are committed to continuous learning and superior customer service. Being a firefighter requires significant commitment from the candidate and their family.

If you are interested in learning more about our Volunteer Firefighter recruitment process, or wish to make application, please contact **Township Fire Chief, Scott Alexander at 519-462-2697 Ext 7829** or you can complete the application form and submit it to the office.



# Township of East Zorra-Tavistock

## Volunteer Firefighter



### Application

Please print clearly

Date \_\_\_\_\_

Station \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Cell Phone Provider \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Type \_\_\_\_\_

Occupation \_\_\_\_\_

Working Hours \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

#### Firefighter Experience/Qualifications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Township of East Zorra-Tavistock Volunteer Firefighter



## Application

### References

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

I, the undersigned applicant for the position of volunteer firefighter, hereby agree as follows:

1. To obtain and present a medical certificate from the physician of my choice, at my own expense upon this application being accepted, and every three (3) years thereafter.
2. To obtain and maintain, at my own expense, a "D" Class Licence (if not already achieved) within twelve (12) months of acceptance of this application.
3. To obtain and maintain, at my own expense, a "Z" Endorsement (Air Brakes) within twelve (12) months of acceptance of this application.
4. To abide by all rules and regulations of the Township of East Zorra-Tavistock Fire Department.
5. To obtain at my own expense a police record check from my local police department.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*This Section to be completed ONLY after hiring.*

Date of Birth \_\_\_\_\_

Social Insurance # \_\_\_\_\_

Health Card # \_\_\_\_\_

Physician \_\_\_\_\_

Person to be notified in case of Emergency

Telephone # \_\_\_\_\_

\_\_\_\_\_

*In accordance with the Municipal Freedom of Information and Protection of Privacy Act, the information is gathered pursuant to the Municipal Act, RSO 1990, c. M.45 and will be used solely to determine qualifications.*