

TYENDINAGA TOWNSHIP FIRE DEPARTMENT

859 Melrose Road * Shannonville, Ontario * K0K 3A0

Phone: (613) 396 - 1660



VOLUNTEER APPLICATION FORM

Tyendinaga Township Fire Department welcomes volunteers of all ethnic backgrounds and varied skills (ages 18 & older for Fire Fighting and Emergency First Responders). Volunteer applicants are evaluated on the merits of their qualifications and are subject to background & drivers license checks . Please mail the completed application to the address listed above or drop off at the fire hall.

NAME:

Last

First

Middle

ADDRESS:

Street

Apartment

City

Province

Postal Code

PHONE:

Home

Work

New Volunteer Y N Returning Volunteer Y N Last Served _____

In Case of Emergency Contact:

NAME:

Last

First

Phone

If the volunteer is under age 18, the parent or guardian must sign below to acknowledge their consent to volunteer participating in this program.

Signature

Relationship

Age of Minor

LAST NAME:

FIRST NAME:

DATE

MILITARY SERVICE: _____ <i>Branch</i> <i>Years of Service</i> <i>Acquired Skills</i> <i>Last Year of Service</i>	MILITARY SERVICE												
PRESENT EMPLOYER: _____ <i>Position</i> <i>Typical Work Day Hours</i> <i>Phone</i> IF RETIRED OR FORMERLY EMPLOYED: List two employment positions which you have held that you enjoyed the most. In the last column, answer Y- yes or N-no if you would like to do something similar as a volunteer, <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;"><i>Position</i></th> <th style="width: 30%;"><i>Company</i></th> <th style="width: 15%;"><i># of Years</i></th> <th style="width: 20%;"><i>Y/N</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Position</i>	<i>Company</i>	<i># of Years</i>	<i>Y/N</i>									EMPLOYMENT BACKGROUND
<i>Position</i>	<i>Company</i>	<i># of Years</i>	<i>Y/N</i>										
Preferred Working Environments: _____ Alone _____ Outdoors _____ With Lots of Freedom _____ With Others _____ Indoors _____ In a Quiet Setting Preferred Programs: _____ Children _____ Adults _____ Elderly _____ Animals _____ Teenagers _____ General Public _____ Other _____ Indicate Choices in order(1,2,3,4etc.) I might enjoy an assignment as a (an)..... _____ Child Care Volunteer _____ Accountability Officer _____ Photographer _____ Firefighter _____ Rehab Officer _____ Food Services _____ Safety Officer _____ Gardener _____ Pump Operator/Driver How did you hear about Tyendinaga Township Fire Department Volunteer Service? _____ Newspaper _____ Web Page _____ Radio _____ Brochure/Pamphlet _____ Other Volunteers	VOLUNTEER INTERESTS												

What would you like to gain from your volunteer experience?

- | | |
|--|--|
| <input type="checkbox"/> Personal Satisfaction | <input type="checkbox"/> Improving the quality of life for someone |
| <input type="checkbox"/> Firefighter Certification | <input type="checkbox"/> Employment Preparation |
| <input type="checkbox"/> Meet School Requirements | <input type="checkbox"/> Help Extend Community Services |
| <input type="checkbox"/> Other _____ | |

Other agencies whom you have volunteered:

<i>Agency</i>	<i>Province</i>	<i>Position</i>	<i>Dates</i>

Talents / Hobbies

- | | | | |
|--------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cooking | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Gardening | <input type="checkbox"/> Computer | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Farming | <input type="checkbox"/> Acting | <input type="checkbox"/> Singing | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Antiques | <input type="checkbox"/> Instrument | <input type="checkbox"/> History | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Pet Care | <input type="checkbox"/> Sports | <input type="checkbox"/> Magic | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Other _____ | | | |

Office Skills

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Copying/Filing | <input type="checkbox"/> Book keeping | <input type="checkbox"/> Switchboard |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Stuff Packets | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Computer Software | | |

Languages English French Other _____

Skills I would like to learn: _____

VOLUNTEER INTERESTS

SKILLS

I have read and understand this application and certify that all statements provided on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that misrepresentation of facts shall be considered basis for rejection of my application or discharge if accepted. My signature authorizes my listed references permission to release any information regarding my character, volunteer, or employment experiences.

Signature of Applicant

Date