



Thank you for your interest in joining the volunteer service of the **St. George Fire Department**. Please complete the following document in the Application Package and return to the Fire Chief.

- **Applicant Form**
- **Personal Data Sheet**
- **Background Check**
- **Medical Examination document**

- **Driver's Abstract** - please provide a driver's abstract which can be obtained from Service NB.

Please note that not all applicants are approved and are at the discretion of the Fire Chief. You will be contacted by the Fire Chief should your application be successful approved. All applications remain on file for 1 year and all documents must be completed fully.

If you have any questions, please contact the Fire Chief.



JUSTIN JOHNSTON
FIRE CHIEF
506 755-4320 OFFICE
506 755-4329 FAX

TOWN OF ST. GEORGE
FIRE DEPARTMENT



1 SCHOOL STREET
ST. GEORGE NB
E5C 3N2

APPLICATION FOR POSITION OF VOLUNTEER FIREFIGHTER

NAME: _____

ADDRESS: _____

BIRTHDATE: DAY: _____ MONTH: _____ YEAR: _____

TELEPHONE: HOME: _____ WORK: _____

SIN: _____

MEDICARE NUMBER: _____

CLASS & NUMBER OF DRIVER'S LICENSE: _____

LEVEL OF EDUCATION: SCHOOL (*unfinished*) HIGH SCHOOL COLLEGE/UNIVERSITY

PRESENT OCCUPATION: _____

EMPLOYER: _____

TRAINING COURSES COMPLETED: _____

APPLICATION APPROVED: _____ DATE: _____

JUSTIN JOHNSTON
FIRE CHIEF
506 755-4325 OFFICE
506 755-4329 FAX

TOWN OF ST. GEORGE
FIRE DEPARTMENT



1 SCHOOL STREET
ST. GEORGE NB
E5C 1C5

PERSONAL DATA SHEET

NAME: _____ DOB: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE WORK: _____ HOME: _____

CELL: _____

SIN: _____ MEDICARE: _____

EMPLOYER: _____ OCCUPATION: _____

WHO TO CONTACT IN THE EVENT OF AN EMERGENCY

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE: WORK: _____ HOME: _____

CELL: _____

**Please Keep Your Personal Data Information Update; Advise the Fire Chief if your information changes.*



Fire Chief Justin Johnston
St. George Fire Department
1 School Street
St. George, NB
E5C 3N2

RCMP
St. George Detachment
77 Mount Pleasant Road
PO Box 1005
St. George, NB
E5C 3S9

To Whom It May Concern,

SUBJECT: BACKGROUND CHECK

On behalf of the St. George Fire Department, I would like to request a background check on _____ for the purpose of joining the St. George Fire Department as a Volunteer Member.

Regards

Justin Johnston
Fire Chief



TOWN OF ST. GEORGE
CERTIFICATION OF MEDICAL EXAMINATION

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Height: _____ Weight: _____

Blood pressure: _____

Are there any indications of disease in the Respiratory Tract? _____
If so, what? _____

Are there any indications of disease of the Heart? _____
If so, what? _____

What is the condition of the eyes as to disease? _____
As to vision? _____

What is the condition of the Ears as to disease? _____
As to hearing? _____

Ear Drums: Right _____ Left _____
Ear Canals: Right _____ Left _____

Are the functions of Nervous System in a healthy state? Yes _____ No _____

Are the Digestive Organs functioning normally? Yes _____ No _____

Is there a Hernia or history of Hernia? Yes _____ No _____

Is there any impairment of the use of fingers, feet, legs, hands, arms, or other structural defects, limitations of mobility, or coordination, to a degree likely to interfere with the safe operation of a motor vehicle?
Yes _____ No _____

Is there any established history of clinical diagnosis of diabetes that requires insulin for control?
Yes _____ No _____

Is there any established medical history of loss of consciousness, or awareness due to a chronic or recurring condition? Yes _____ No _____

Has the applicant had any serious illness or injury? _____ State any effects:

I hereby certify that I have this day carefully and thoroughly examined the above named applicant and that the above named person is physically fit for employment with the Town of St. George.

Physician