



# SIoux LOOKOUT

## Hub of the North

The Corporation of the  
Municipality of Sioux Lookout  
39 Fifth Avenue, P.O. Box 158  
Sioux Lookout, Ontario • P8T 1A4  
Telephone: (807) 737-2564  
Facsimile: (807) 737-4626  
www.siouxlookout.ca

### Emergency Services Department

## APPLICATION FOR VOLUNTEER FIREFIGHTER

<u>Last Name</u>		
<u>Given Name(s)</u>		
<u>Address</u>		
<u>Home Phone</u>	<u>Business Phone</u>	<u>Cell Phone</u>
<u>E-mail Address</u>		
Previous Firefighting Experience:      Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide details of training and experience:		

### Education - List Only Pertinent Information (Course / Diploma / Degree)

<u>High School</u>	
<u>College</u>	
<u>University</u>	
<u>Other Relevant Courses / Training</u>	
<input type="checkbox"/> First Aid	Expiry Date: _____
<input type="checkbox"/> CPR	Expiry Date: _____
<input type="checkbox"/> Defibrillation	Expiry Date: _____
<input type="checkbox"/> Other:	_____

**Please provide your current employer information in the space below:**

NAME AND ADDRESS OF EMPLOYER:
NAME OF IMMEDIATE SUPERVISOR: _____
PHONE NUMBER: _____ ALTERNATE: _____

*An Authorization Form will be required to be completed by your current employer or supervisor with this application.*

**List any work experience that would be helpful if employed by the Corporation of the Municipality of Sioux Lookout:**


**List any other related skills not already listed above that you think would be helpful in the role of Volunteer Firefighter:**

<input type="checkbox"/> Mechanical <input type="checkbox"/> Pumps <input type="checkbox"/> Electrical <input type="checkbox"/> Self Contained Breathing Apparatus or Scuba Diving <input type="checkbox"/> Building or Construction <input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Other: _____
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**You will be required to provide the following prior to final acceptance:**

<input type="checkbox"/> Medical Exam completed by a physician of your choice <input type="checkbox"/> Current Driver's Abstract <input type="checkbox"/> Criminal Check with Vulnerable Sector
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*I hereby give my consent for the above-mentioned institution to collect and use the information above for purposes of employment and pursuant to the Municipal Freedom of Information and Privacy Act Ontario, Chapter M.56, Part II. I further state that all of the information stated above is true and can be substantiated.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_