



COALDALE & DISTRICT EMERGENCY SERVICES VOLUNTEER FIREFIGHTER APPLICATION

P.O Box 1571 -1507 20th Ave
Coaldale, Alberta T1M 1N3
Phone: 403-345-1330
Fax: 403-345-1335

Position applying for:	How did you learn about this position?
Did anyone refer you to the fire department? If so, who?	

Personal Information

Surname:	Given Name:
Date of Birth:	Home Phone:
Cell Phone:	Email:
Mailing Address:	

Availability

Current Occupation:	General Availability: (check all that apply) <ul style="list-style-type: none"> <input type="radio"/> Weekdays (AM/PM) <input type="radio"/> Weekends <input type="radio"/> Weeknights <input type="radio"/> Other
What are your regular work hours?	Available during work hours? <ul style="list-style-type: none"> <input type="radio"/> Available <input type="radio"/> Limited Availability <input type="radio"/> Unavailable



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List Relevant Medical/Firefighting certificates or training (First Aid, CPR, NFPA 1001 ect.)

Past Community Volunteer Experience

Why do you want to be a Volunteer Firefighter?



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CONTINUED

Any other special skills, traits, strength's you think would be beneficial to our department?

Please drop application off at Coaldale Firehall in person, by fax to 403-345-1335 or email to firechief@coaldale.ca

Successful applicants will be contacted and invited to the next step in the recruitment process