



Windsor Fire Department
Application for Membership

Personal Information:

First Name

Middle Name

Last Name

Address (street # / RR # / PO Box #)

Postal Code

Date of Birth

Telephone #

Email Address

General Information

Are you applying for CADET MEMBERSHIP (Age 16 - 18)	yes	no
Are you applying for REGULAR MEMBERSHIP (Age 19+)	yes	no
Do you currently reside in the Windsor Fire Department coverage area?	yes	no
How long have you lived in the fire department coverage area?	_____	
Do you speak English?	yes	no
Do you have a valid drivers license?	yes	no

Education

Name of School _____

Post Secondary Education if Applicable _____

Name of Institution _____

Other Formal Types of Education training _____

Agreement

I agree that if I am appointed as a member of the Windsor Fire Department, I will abide by the regulations and bylaws of the Department. I agree to attend as many alarms, training classes, and meetings as possible so that I will be a credit to the Department. I understand that I must reside in the WFD district. I understand that upon my acceptance as a member of the Department I will be subject to a one year probationary status and that during that period I may be released at anytime upon review and recommendation of the Human Resources Committee of the Department.

Signature of Applicant _____

Signature of Parent/Guardian (CADET) _____

Date _____

Internal Department Use Only

Board Interview: pass fail

Written Testing: pass fail

RCMP Abstract: pass fail

Driving Abstract: pass fail

Doctors Consent: pass fail

Parental Consent (CADETS) pass fail

Approval of HR Committee pass fail

Approval of Fire Chief pass fail

HR Committee Chair Signature

Date

Chief's Approval Signature

Date

Effective Date of Membership for Roll:

Probationary Period Dates:

Start Date

End Date