



**EASTERN  
CHARLOTTE  
FIRE RESCUE**

## **VOLUNTEER FIREFIGHTER APPLICATION**

Thank you for your interest in joining the Eastern Charlotte Fire Rescue (ECFR) volunteer service.

ECFR responds to emergency calls received via radio dispatch. These calls include: structure fires, grass fires, motor vehicle accidents, and fire alarm activations.

The Department includes five (5) stations: Back Bay, Blacks Harbour, Bonny River, Pennfield, and St. George. Your home station will be the one located closest to your primary residence.

### Service Requirements

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Applicants must meet the following minimum requirements:

- At least 18 years of age for a Firefighter, or 16 years of age for a Junior Firefighter.
- Full-time resident of Eastern Charlotte, New Brunswick.

### Active Roster Status

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To maintain active status on the department roster, a firefighter must:

- Attend 40% of Department training sessions each calendar year.
- Respond to 40% of emergency calls each calendar year.

### Document Checklist

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Please review and complete the following documents:

- Personal Information Form**
- Background Check.** Take the enclosed Criminal Background Check request letter to the local RCMP detachment at 77 Mt Pleasant Road, St. George, along with two (2) pieces of valid (not expired) Government Issued Identification. Processing time may vary.
- Certification of Medical Examination.** This document must be completed by a Physician.

Completed applications should be dropped-off or mailed to: Eastern Charlotte Fire Rescue  
1 School Street  
St. George, NB E5C 3N2

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**Not all applications are approved.** Approval is at the discretion of the Fire Chief, who will contact successful applicants. All applications remain on file for one (1) year. **Applications received with missing or incomplete documents will not be reviewed.** If you have any questions or concerns, please contact the Fire Chief at (506) 755-4320, ext. 108.



**EASTERN  
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FIRE RESCUE**

**MUNICIPALITY OF  
EASTERN  
CHARLOTTE**

Eastern Charlotte Fire Rescue  
1 School Street  
St. George, NB E5C 3N2

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

**SUBJECT: CRIMINAL RECORDS CHECK**

To Whom It May Concern:

Please accept this letter as our mutually agreed upon request to conduct a Vulnerable Sector or Criminal Records Check on \_\_\_\_\_ (applicant name), whom we are seeking an appointment as a volunteer firefighter.

Personal Information is as follows:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Regards,

Justin Johnston  
Fire Chief



## CERTIFICATION OF MEDICAL EXAMINATION

PATIENT INFORMATION		
Name	Date of Birth	Examination Date
Street Address	Community/City	Postal Code
PHYSICIAN INFORMATION		
Name	Phone Number	
Office Location	Knowledge of Patient: <input type="checkbox"/> Regular Patient <input type="checkbox"/> First Visit <input type="checkbox"/> Referral	
EXAMINATION DETAILS		
Height	Weight	Blood Pressure
Are there any indications of disease in the Respiratory Tract? If so, what?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any indications of disease of the Heart? If so, what?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the condition of the eyes as to Disease?		
What is the condition of the eyes as to Hearing?		
Ear Drums:	<i>Right</i>	<i>Left</i>
Ear Canals:	<i>Right</i>	<i>Left</i>
Are the functions of the Nervous System in a healthy state?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Digestive Organs functioning normally?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Hernia or history of Hernia?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any established history of clinical diagnosis of diabetes that requires insulin for control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any established medical history of loss of consciousness, or awareness due to a chronic or recurring condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant had any serious illness or injury? If yes, state any effects. <input type="checkbox"/> Yes <input type="checkbox"/> No		
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EXAMINATION DETAILS		
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 municipality of Eastern Charlotte.		
<hr style="width: 50%; margin: auto;"/> <i>Physician Signature</i>		



## PERSONAL INFORMATION FORM

New Volunteer

Update to File

PERSONAL INFORMATION			
Name		Join Date	Primary Station <input type="checkbox"/> Back Bay <input type="checkbox"/> Blacks Harbour <input type="checkbox"/> Bonny River <input type="checkbox"/> Pennfield <input type="checkbox"/> St. George
Street Address		Home Phone	
Community	Postal Code	Mobile Phone (if different)	
Email Address			
Date of Birth	Age JUNIOR <input type="checkbox"/>	Medicare Number	Social Insurance Number
Driver's License #	License Class	License Restrictions / Endorsements	
EMPLOYMENT INFORMATION			
Occupation		Employer Name	
Does your employer consent to your participation in firefighting activities during work hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone	
EMERGENCY CONTACT INFORMATION			
Name		Relationship	
Home Phone		Mobile Phone	
DIRECT DEPOSIT			
<p>The municipality of Eastern Charlotte processes payroll through direct deposit. Please provide the payroll department with a direct deposit authorization form from your banking institution or a voided cheque with all numbers intact.</p>			
DECLARATION			
<p>I solemnly declare the information given above is true. In the case of any changes to my personal information change, I will complete a new Personal Information Form.</p> <p>I understand that false or missing information may result in harm to others or myself, and will result in suspension or permanent dismissal.</p>			
_____ <i>Signature</i>		_____ <i>Date</i>	

### FOR OFFICE USE

Received by	Received Date	Processed
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This written consent, along with proof of the child's age, must be retained by the employer as part of the employment records. **Employment Standards does not require a copy.** The parent or guardian should retain a copy for their own records.

**ABOUT THE PARENT/GUARDIAN**

Given name		Middle name	Family name
Preference for being addressed (optional)		What is your relationship to the child? <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	
Email address		Telephone number	
Street address	Apartment, suite, unit, floor etc.		City
Province/Territory/State	Country	Postal Code	

**ABOUT THE CHILD**

Given name		Middle name	Family name
Preference for being addressed (optional)		Date of birth	
Email Address		Telephone number	
Is the child's address the same as the parent/guardian's address above? <input type="checkbox"/> Yes <input type="checkbox"/> No (Fill out address information below)			
Street address	Apartment, suite, unit, floor etc.		City
Province/Territory/State	Country	Postal Code	

**ABOUT THE EMPLOYER**

Legal business or organization name		Operating name (if different)	
Contact person		Telephone number	
Email address		Website	
Street address	Apartment, suite, unit, floor etc.		City
Province/Territory/State	Country	Postal code	

## ABOUT THE CHILD'S EMPLOYMENT

Job title	Rate of pay
Expected start date	End date (if known)
Average hours per day	Average hours per week
Supervisor's name	Supervisor's phone
<b>What job duties will the child perform?</b> (Provide a description of the type of work the child will be asked to perform while working for the employer)	

## ABOUT THE WORK LOCATION(S)

Is the work location the same as the employer's address?      Yes <input type="checkbox"/>		
<input type="checkbox"/> No (Fill out address information below)		
Street address	Apartment, suite, unit, floor etc.	City
Province/Territory/State	Country	Postal Code

## PARENT/GUARDIAN CONSENT

I, \_\_\_\_\_, have full legal authority to consent to my child's employment.  
   Parent/guardian's full name (print)

I hereby consent for \_\_\_\_\_ to employ \_\_\_\_\_  
   Employer's legal name (print)    Child's full name (print)

I have read and am familiar with the *Employment Standards Act* and Regulation regarding the employment of young people. I have noted the specifics of location, hours of work and type of work to be performed.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
   Parent/guardian's signature