



**STRATHMORE RURAL FIRE DEPARTMENT**  
**ENROLLMENT APPLICATION**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name : \_\_\_\_\_  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Current Address:**

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

Mailing Address: \_\_\_\_\_

**Past Address if less than 5 years at present address:**

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

Home Telephone #: \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Are you a Canadian citizen? \_\_\_\_\_ If No \_\_\_\_\_

Social Insurance # \_\_\_\_\_

**Education:** Name of School/Grade Completed/ Certificate Acquired

High School: \_\_\_\_\_  
\_\_\_\_\_

Post Secondary: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

**Firefighter Related Experience/Training:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Valid Driver's License # \_\_\_\_\_ Class: \_\_\_\_\_ Demerits: \_\_\_\_\_

References: Three (3) No Relatives Please

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

With my signature, I hereby certify that **ALL** statements made in this application are true and I understand that any misstatement herein may cause forfeiture of my privilege to become a Firefighter with the Strathmore Rural Firefighting Association Ltd.

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

**STRATHMORE RURAL FIREFIGHTING ASSOCIATION LTD.**  
**RELEASE OF PERSONAL INFORMATION**

I, the undersigned, am aware of and give my consent an officer of the Strathmore Rural Firefighting Association Ltd. to present this form to any Police Agency for the purposes of researching my background in reference to activities deemed unsuitable within the Policy for a member of the Strathmore Rural Firefighting Association Ltd. Furthermore, I authorize release of such information to said officer solely for the purpose aiding in a decision as to my suitability for enrollment as a Probationary Firefighter.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY OF INFORMATION**

Information obtained from Emergency Services, be it verbal or written, shall be treated as private and confidential information in respect of any individual and shall be used solely for official purposes and such information shall not be published, released, or disclosed in any manner that would be detrimental to the personal interest, reputation or privacy of individuals or Emergency Services personnel.

Any person who knowingly and willfully releases or discloses such information to any other person not authorized to receive the same is guilty of an offence and liable upon summary conviction to a fine of not more than one hundred dollars (\$100) and, in default of payment, to a term of imprisonment not exceeding fifteen (15) days.

I understand that disclosure on my part of privileged information as described above shall also be cause for my immediate dismissal from the Strathmore Rural Firefighting Association Ltd.

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

Date Received: \_\_\_\_\_