

Emergency Services Volunteer Membership Application



Volunteer
Fire & Rescue
Services
 (VFRS)



Volunteer Fire
& Emergency
Services
 (VFES)



Marine
Rescue WA
 (MR)



State
Emergency
Service
 (SES)



Bush Fire
Service
 (BFS)



Youth in
Emergency
Services
 (YES)

Current/previous volunteer number

Brigade, Group or Unit

Local government (if applicable)

Membership type: Probationary Active Support/Auxiliary Junior/Cadet

Applicant details

Title First name (legal name) Middle name Last name

Occupation

Gender: Male Female

Date of Birth

Driver's Licence number Category

Ethnic background (optional): Aboriginal/Torres Strait Islander Other

Residential address

Street Suburb/Town Postcode

Postal address Same as above

Street Suburb/Town Postcode

Primary phone Secondary phone (if applicable)

Email address

Emergency contact details

Title First name Last name

Phone Relationship

Optional Street Address Same as applicant Suburb/Town Postcode

Medical questions

Your responses to the following questions will not exclude you from emergency service volunteering. This information will be used to help determine your suitability for the volunteer role you have applied for.

Do you currently, or have you ever suffered from, any of the following physical or mental health conditions?

	Yes	No		Yes	No
Neck or back injuries	<input type="checkbox"/>	<input type="checkbox"/>	Chest pains	<input type="checkbox"/>	<input type="checkbox"/>
Mental or nervous conditions	<input type="checkbox"/>	<input type="checkbox"/>	Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>
Depression or difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Fear of heights	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Other fears	<input type="checkbox"/>	<input type="checkbox"/>
Hernia or rupture	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or turns	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Head injuries	<input type="checkbox"/>	<input type="checkbox"/>
Stomach ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits	<input type="checkbox"/>	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	<input type="checkbox"/>	Persistent headaches	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **Yes** to any of these conditions, please provide further details below:

The regional office will review this information and determine whether you are required to complete further checks. This will be done in consultation with you and your Brigade, Group or Unit leader.

Declaration: I agree to comply with the legislation that regulates the operations of emergency services in Western Australia. This includes the *Fire and Emergency Services Act 1998*, the *Fire Brigades Act 1942*, and the *Bush Fires Act 1954*, as is applicable to the volunteer emergency service of which I will be a member. In addition, I agree to comply with the DFES policies and procedures that relate to the volunteer emergency service of which I will be a member.

Applicant's signature

Date

Parent/Guardian approval signature

Date

Brigade, Group or Unit approval signature

Date

District Officer, Area Officer or local government approval signature

Date

Brigade, Group or Unit leader name

Office use:

Brigade, Group or Unit leader confirm:

Criminal History Check documents attached