

## Bridgewater Fire Department Application Instructions

1. Bridgewater Fire Department form must be completely filled out, print clearly please!!
2. Fill out criminal record cover letter and request form, and drop off to local Bridgewater Police detachment, pick up when completed.
3. Contact department physician and make an appointment for a physical examination.

Note: Please inform the Dr's office that you are there for a Bridgewater Fire Department physical, and there is no charge.

Dr. Timothy Riding  
South Shore Medical Arts Building  
42 Glen Allen Drive, Suite 301  
543-7124

4. Upon completion of all forms, please return sealed application package to Bridgewater Fire Station during regular business hours. A membership committee member will contact you for an interview.

Thank you for expressing your interest in becoming a volunteer firefighter with our department. There are many rewarding opportunities that await you here, but as will all opportunities there are time requirements. Please take the time to discuss with your family and employer your intentions of becoming a volunteer firefighter. We respond to alarms 24hrs/7days a week, and as such, these alarms do interfere with family life. Please understand your level of commitment as our motto states "EVER READY".

Thank you for your interest in wishing to become a member of the Bridgewater Fire Department.

The Bridgewater Fire Department (BFD) was formed in 1876 with a small group of volunteers wishing to provide fire protection for the town. Today we still provide the Town of Bridgewater with fire protection and education services for residents and visitors as volunteers. Our department has a fleet that includes 3 pumpers, 1 aerial ladder truck, a rescue vehicle, 1 utility vehicle, 1 passenger vehicle and 1 rescue boat.

BFD answers approximately 200 calls for emergency service a year. Our calls range from alarms to structure fires, from gas spills to vehicle fires. As one of the largest volunteer fire departments in our County, BFD has an active volunteer membership of approximately 50 members.

Every member is an unpaid volunteer - the Chief, the drivers of the apparatus, and all the firefighters are your neighbors. Our members are carpenters, electricians, mechanics, plant workers and each is also a highly trained firefighter dedicated to the health, safety and welfare of the people of Bridgewater.

Keeping skills sharp requires hours and hours of training. Our Firefighters have both monthly and weekly drills. Many of our firefighters are trained Firefighter One and we have many members trained to the Firefighter Two. Each year we refine and practice our skills so you can be assured of fire, rescue, and any emergency services that are second to none!

Included in this package you'll find a self addressed envelope, an application and forms for a police record check (PRC). Please fill out all forms. Have the PRC completed by the Town Police and then return the forms with your application.

Once again, thank you for your interest in BFD. We look forward to meeting you and having you become a member of our team.

Sincerely,

Peter Rowsell  
Membership Committee Chair

**Bridgewater Fire Department  
Application for Membership**

**Applicants for membership in the Bridgewater Fire Department are required to be residents of the Town of Bridgewater, a minimum of 19 years of age, and possess a valid Nova Scotia driver's license. Upon completing this form, applicants will be required to take a Medical Examination with a Fire Department appointed physician. When the completed medical form has been returned, the applicant will be interviewed by the Membership Committee. (The application process can be expected to take at least 2 months.)**

1. **Name:** \_\_\_\_\_  
(Last) (First) (Middle)

2. **Address:** \_\_\_\_\_

**SIN** \_\_\_\_\_

3. **Telephone:**

(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**e-mail** \_\_\_\_\_

4. **Are you over 19 years of age? (Mandatory)** Yes \_\_\_\_\_ No \_\_\_\_\_

5. **I hereby authorize the Bridgewater Fire Department to contact my employer about this application.**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer's Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

6. **Class of Driver's License:** \_\_\_\_\_ **Endorsements:** \_\_\_\_\_ **Restrictions** \_\_\_\_\_

**Master #** \_\_\_\_\_

7. **How long have you been a resident of Bridgewater?** \_\_\_\_\_

8. **Please provide details of any previous firefighting experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. **Please provide details of any skills, training, or experience you have that would assist you as a firefighter:** \_\_\_\_\_

\_\_\_\_\_

10. Medical information required: Health Card # \_\_\_\_\_

Family Physician \_\_\_\_\_

Allergies or conditions: \_\_\_\_\_

11. I hereby authorize the Bridgewater Fire Department to make inquiries through a Police Department to ensure that I do not have a criminal record.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ (required for criminal record check)

12. Please give three (3) references from non Bridgewater Fire Department members.

1/ Name: \_\_\_\_\_

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

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

2/ Name: \_\_\_\_\_

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

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

3/ Name: \_\_\_\_\_

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

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

13. I hereby submit this application for membership to the Bridgewater Fire Department.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**To Bridgewater Police Department:**

This is to certify that \_\_\_\_\_ is required to have a  
PRC completed in order to become a volunteer member of our department.

Sincerely,

Peter Rowsell  
Membership committee chair  
Bridgewater Fire Department