

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)

Role details

Brigade, Group or Unit Local government (if applicable)

Membership type:

Probationary (excluding BFS/MR) Active Support/Auxiliary Junior/Cadet

Role

Applicant details

Current/previous volunteer number

Title First name (legal name) Middle name Last name

Occupation

Date of Birth

Gender Male Female Non-Binary Different Term
 Prefer not to answer

Residential address

Street Suburb/Town Postcode

Postal address Same as above

Street Suburb/Town Postcode

Business Hours Phone After Hours phone (if applicable) Mobile Phone

Email address

Emergency contact details

First name Last name

Phone Relationship

Street Address (optional) Same as applicant
Street Suburb/Town Postcode

Ethnicity (optional):

First Nation Status: Aboriginal Torres Strait Islander Both ATSI Neither

Licence and Check Details

Driver's License Number Category Expiry Date

Working with Children Check Number

Expiry Date

[Working with Children Check Policy](#)

Medical Questionnaire

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.

Within the last five years have you experienced any of the below conditions?

| | Yes | No |
|--|--------------------------|--------------------------|
| High blood pressure, stroke or blood disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart vein or circulatory disorder (chest pain, heart attack, raised cholesterol and rheumatic fever) | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental or nervous disorder (stress, depression, Fainting, Seizures/Fit, Epilepsy, blackouts, paralysis, brain disorder, chronic fatigue syndrome) | <input type="checkbox"/> | <input type="checkbox"/> |
| Gout, arthritis, rheumatism, cartilage or ligament injuries (knees, elbow, wrist, shoulder), bone fracture | <input type="checkbox"/> | <input type="checkbox"/> |
| Head injury or neurological disorder (concussion, acquired brain injury, narcolepsy) | <input type="checkbox"/> | <input type="checkbox"/> |
| Persistent headaches (tension migraine cluster) | <input type="checkbox"/> | <input type="checkbox"/> |
| Back pain, sciatica or other disorder of the back or spine including the neck (whiplash injury) | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma, bronchitis or other respiratory disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes, thyroid or prostate disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Repetitive strain injury or overuse syndrome | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision or hearing impairment (prescription glasses, color blindness, hearing aids) | <input type="checkbox"/> | <input type="checkbox"/> |
| Had a medical condition advice or treatment from any doctor or health professional or been in hospital (not including minor cold, the flu, or contraceptive treatment) | <input type="checkbox"/> | <input type="checkbox"/> |
| Been advised to have an operation or had an operation | <input type="checkbox"/> | <input type="checkbox"/> |
| Been instructed not to drive for medical reasons | <input type="checkbox"/> | <input type="checkbox"/> |
| Sustained an injury from a motor vehicle accident | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No |
|---|--------------------------|--------------------------|
| Are you currently taking any prescribed or non-prescribed medication for a health condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any known allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you intend to or believe you may need to seek advice to treatment for a current health problem | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other conditions not listed above (please provide information below?) | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered yes to any of the above, please provide further detail. Should you have any relevant medical documentation please attach (this may be requested).

Operational roles only. Please complete the below physical capacity questionnaire

Do you have difficulty with the following:

| | Yes | No |
|----------------------------------|--------------------------|--------------------------|
| Walking more than 200m | <input type="checkbox"/> | <input type="checkbox"/> |
| Walking on high or uneven ground | <input type="checkbox"/> | <input type="checkbox"/> |
| Kneeling | <input type="checkbox"/> | <input type="checkbox"/> |
| Standing for more than one hour | <input type="checkbox"/> | <input type="checkbox"/> |
| Using hand tools | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing a ladder | <input type="checkbox"/> | <input type="checkbox"/> |
| Crouching or squatting | <input type="checkbox"/> | <input type="checkbox"/> |
| Lifting or bending | <input type="checkbox"/> | <input type="checkbox"/> |
| Gripping with both hands | <input type="checkbox"/> | <input type="checkbox"/> |

Declaration and Privacy

Medical Declaration

I declare the above answers are true and correct to the best of my knowledge and that I will, if required, provide further information concerning my health and fitness that are relevant to this application.

Acknowledgement

If, after my acceptance as a volunteer, there are any changes to my personal details, including in regard to my health or fitness, I am required to complete and submit a Change of Personal Details Form.

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 and/or Local Government policies and procedures that relate to the volunteer emergency service of which I will be a member.

Privacy and Consent

I acknowledge that personal information may be disclosed to third parties (including other State institutions or authorities outside the Department of Fire and Emergency Services) with your consent; for purposes that would be reasonably expected; or where required, authorised or permitted by law.

Applicant

Applicant signature Date

Parent/Guardian approval signature Date

Brigade, Group or Unit Endorsement

Brigade, Group or Unit leader name

Brigade, Group or Unit signature Date

Type of photo identification sighted

Application endorsed Yes No with comments:

DFES Office Processed in RMS by:

Name Role

Date

Link sent for application for National Criminal History Check: Yes No Date

Working with Children Check card verified Yes No Not Applicable

District Officer, Area Officer, Local Government or Youth Programs Coordinator approval

DO/AO/LG/YPC name

DO/AO/LG/YPC signature Date

Application approved Yes No with comments:

If guidance is required about Medical Questionnaire responses contact injury.management@dfes.wa.gov.au

Volunteer applicant advised Yes Date