

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

Office Use Only  
Firezone no: (To be provided by D/Z/T for  
existing members)

**NSW Rural Fire Service**



## Application for Volunteer Membership (16 years of age and over)

- New Member
- Transferring Member from: (Brigade name)
- Dual Member: (Pls indicate Primary Brigade)
- Rejoining Member: (Previous Brigade name)
- Junior Member to Ordinary Member: (Existing Brigade)

Your application will only be processed when **all** essential information is provided in a legible manner

### 1. BRIGADE YOU WISH TO JOIN (ESSENTIAL)

Brigade:  Brigade Firezone No.:

Fire Control Centre/ D/T/Z:

### 2. PERSONAL DETAILS (ESSENTIAL)

Surname (Current):

Given Name:

Middle Name(s):

Preferred Name(s):

Previous names by which  
I have been known/used  
(incl. changes  
by Deed Poll):

Gender:  Male  Female Date of Birth:

Driver's Licence No. (if applicable):  Class:  State:

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

**PERSONAL DETAILS (ESSENTIAL) cont.**

Current Street Address:

Town/Suburb:  Postcode:

Current Postal Address:

Town/Suburb:  Postcode:

**Previous Residential Address Over Last 10 Years**

**Period of residence:**

<i>If previous addresses are unavailable, details of Town(s) and State(s) will suffice. If insufficient room, please attach list.</i>	<i>If actual dates are unavailable, details of year of residence will suffice</i>
<input type="text"/>	/ / to / /
<input type="text"/>	/ / to / /

Applicant's Contact No's: B/H  A/H

Mob.

Applicant's Email address:

**3. EMERGENCY CONTACT DETAILS (ESSENTIAL)**

Name:  Relationship:

B/H  A/H  Mob.

**4. MEDICAL INFORMATION (ESSENTIAL)**

Do you know of any medical conditions that could affect your safety or that of other persons when you are participating in Service activities, including fire fighting or other emergency operations?

No  Yes - please provide details. *(If insufficient room, please attach list.)*

**5. PARENTAL/GUARDIAN CONSENT (ESSENTIAL FOR PERSONS UNDER 18 YEARS OF AGE)**

I  being the parent/guardian of the above applicant, consent to his/her joining the  Rural Fire Brigade.

Signature:  Date:

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

**6. CHILD RELATED ACTIVITIES (IF ELIGIBLE – NOTE: if you are NOT a prohibited person, please complete this section)**

Members who wish or need to participate in child related activities (in accordance with *Service Standard 1.1.9 Child Related Activities*) must complete the Prohibited Employment Declaration. (A general information sheet relating to Prohibited Employment and the Commission for Children and Young People Act 1998 is available from the RFS website – [www.rfs.nsw.gov.au](http://www.rfs.nsw.gov.au), [www.myrfs.nsw.gov.au](http://www.myrfs.nsw.gov.au), the intranet (for staff members) or any district office.)

**I am aware that I am ineligible to apply for or otherwise attempt to obtain, undertake or remain in, child related employment, if I have been convicted of a serious sex offence or child related personal violence offence as defined in the Commission for Children and Young People Act 1998 or if I am a Registrable Person under the Child Protection (Offenders Registration) Act 2000.**

**I have read and understood the general information sheet in relation to the Commission for Children and Young People Act 1998. I am aware that it is an offence to make a false statement on this form.**

**I declare that I am not a person prohibited by the Act from seeking, obtaining, undertaking or remaining in child related employment.**

I understand that this information may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working with Children Check in accordance with Section 36 (1) (f) of the *Commission for Children and Young People Act 1998*.

Full Name:

(Block Letters)

Signature:

Date:

**Seek legal advice if you are unsure of your status as a prohibited person**

**7. DECLARATION (ESSENTIAL)**

1. I certify that the personal information I have provided relates to me and is correct.
2. I consent to :
  - (a) the NSW Rural Fire Service (“the RFS”) providing my personal details to the CrimTrac Agency and/or to Australian Police Services or other relevant law enforcement agencies;
  - (b) the CrimTrac Agency making enquiries about me with Australian police services;
  - (c) those Australian police services extracting from their records details of criminal and/or traffic records relating to me pending before a Court and/or details of convictions or findings of guilt which have been recorded against me and forwarding relevant information to the CrimTrac Agency. (A “National Criminal History Record Check General Information Sheet” relating to the release of criminal convictions and other matters pending, is available from the RFS website – [www.rfs.nsw.gov.au](http://www.rfs.nsw.gov.au), [www.myrfs.nsw.gov.au](http://www.myrfs.nsw.gov.au), the intranet (for staff members) or any district office); and
  - (d) the CrimTrac Agency providing information it obtains about me to the RFS.
3. I acknowledge that any information obtained as part of this process may be used by Australian Police Services or other law enforcement agencies for law enforcement purposes, including the investigation of any outstanding criminal offences.
4. I consent to the RFS conducting a disciplinary record check internally, and if relevant with other emergency services.
5. I acknowledge that any information provided by me or by an Australian Police or emergency service, may be taken into account by the RFS in assessing my application for membership of the RFS; or in the case of an existing member, whether my membership should be terminated.
6. I agree to be bound by the brigade constitution and to comply with the provisions of the *Rural Fires Act 1997*, *Rural Fires Regulation 2002*, the Service Standards and the directions of officers of the RFS. I understand that contravention of the Act, Regulations or my failure to comply with a Service Standard may result in disciplinary action.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I would like to become a member of the NSW Rural Fire Service Association (Please Tick)  YES /  NO

(If you tick “yes” your name, address and telephone details will be disclosed to the NSW Rural Fire Service Association.)

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

### 8. BRIGADE RECOMMENDATION FOR PROBATIONARY MEMBERSHIP (ESSENTIAL)

Does the brigade accept the applicant as a probationary member subject to SMU clearance? (Please Tick)  YES /  NO

Captain/President signature:  Date:

Captain/President name:  Position:

### 9. 100 POINT IDENTIFICATION CHECK (ESSENTIAL – to be completed by “Authorised Person”)

100 points of identification needs to be sighted and compared with the information provided on this application form and certification completed below. This needs to be undertaken by either the Brigade Captain/President or Secretary, a District/Team/Zone Officer, the Service Membership Unit – HQ, Staff Services – HQ or a Justice of the Peace.

**Please tick sighted documentation:** (Copies must not be taken)

Identification Type	Points	✓
Birth Certificate	70	
Passport (Current or expired within the last 2 yrs)	70	
Australian Citizenship Certificate	70	
Rating Authority (Council Rates Notice)	35	
Drivers Licence/Learners Permit	40	

Identification Type	Points	✓
Medicare/Proof of Age Card (current)	25	
ATM/Credit Card/Bank Book (two maximum)	25	
Boat/Security/Shooters-Firearms Licence	25	
Pension/Seniors/Healthcare Card	25	
Australian TAFE or University Card	25	

I certify that I have undertaken the 100 point check against the personal information provided. **NOT TO BE COMPLETED BY APPLICANT**

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

Position: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

### 10. CONFIRMATION OF INTERVIEW (ESSENTIAL)

Date interview conducted:

Interview panel member:  Position:

Interview panel member:  Position:

Interview panel member:  Position:

Brief comments (optional)

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

**11. DISTRICT VALIDATION (ESSENTIAL)** – Validation should be completed by District Manager unless otherwise delegated

I verify that the 'essential' information required on this application form has been completed and I agree to list this person as a probationary member following clearance by the Service Membership Unit.	
Name: _____	Signature: _____
Position: _____	Date: _____

Personal information, which is collected by the NSW Rural Fire Service when you complete and submit this form or when you provide updated information, will be used to assess your application for membership or transfer. If your application is successful, your personal information (including medical information) will also be used for operational and statistical purposes. It may be disclosed to district/zone/team staff and group and brigade officers for operational purposes. Your name, address and telephone details may be disclosed to other members of the NSW Rural Fire Service.

The information contained in this application (including health information) will be stored in the brigade register and/or in the NSW Rural Fire Service's Firezone database. District/zone/team staff and group and brigade officers have access to this system. Your name, address and telephone details may be viewed by other members of the NSW Rural Fire Service. All persons with access to your information must comply with **Service Standard 1.1.14 on Personal Information and Privacy**. You can review and amend your personal information in the brigade register or Firezone database by contacting your district/zone/team manager or the Service Membership Unit or by logging onto [myrfs.nsw.gov.au](http://myrfs.nsw.gov.au).

You are not required to provide any personal information. However, if you do not provide the personal information required to assess your application, your application will not be processed. For further information, you may contact the Service Membership Unit at:

**Service Membership Unit  
NSW Rural Fire Service  
Reply Paid 67059  
GRANVILLE NSW 2142**

**PHONE: 8741 5236  
FAX: 8741 5269  
EMAIL: [SMU@rfs.nsw.gov.au](mailto:SMU@rfs.nsw.gov.au)**