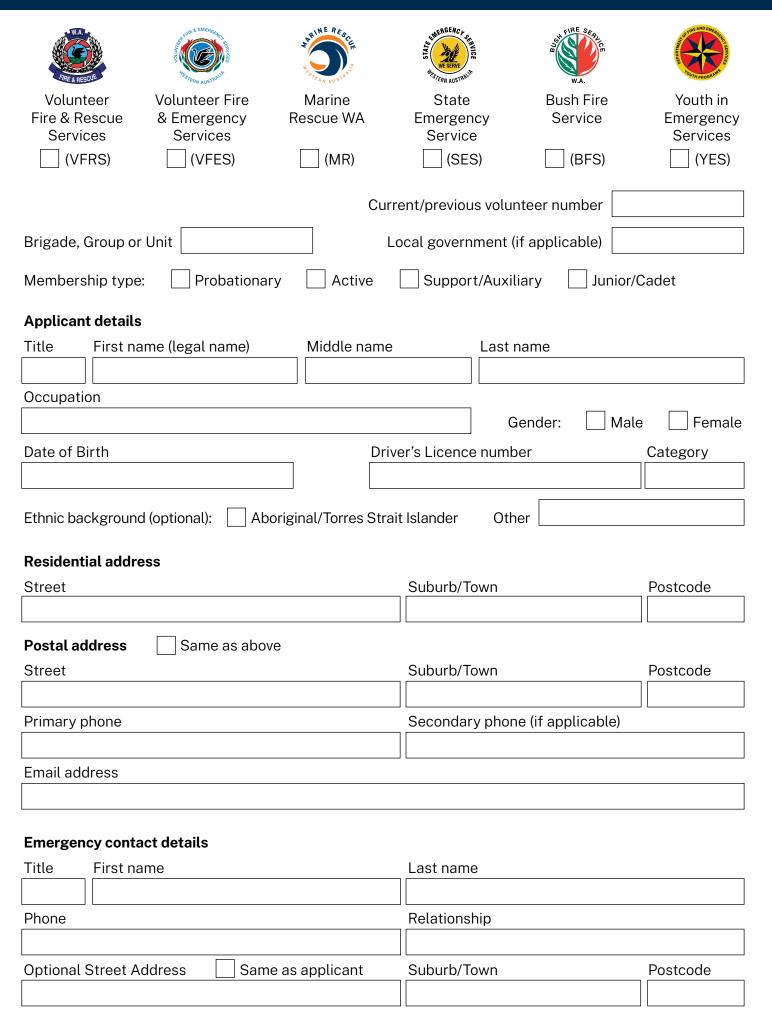
Emergency Services Volunteer Membership Application



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?

Neck or back injuries Mental or nervous conditions Depression or difficulty sleeping Heart disease High blood pressure Hernia or rupture Asthma Stomach ulcers Deafness If you answered Yes to any of these c	Yes	No	Chest pains Colour blindness Do you wear glasses or contact lenses? Fear of heights Other fears Dizziness or turns Head injuries Epilepsy or fits Persistent headaches provide further details below:	Yes No
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
pp			. s.	
Brigade, Group or Unit approval signature Brigade, Group or Unit leader name	Date		District Officer, Area Officer or local government approval signature	Date

Office use:

Brigade, Group or Unit leader confirm:

Criminal History Check documents attached