



**COVER SHEET FOR APPLICATION TO JOIN  
DEPARTMENT OF FIRE & EMERGENCY SERVICES - STATE EMERGENCY SERVICE**

**Applicant's full name printed:** \_\_\_\_\_

Use this sheet to ensure all relevant steps have been taken and documentation completed, before forwarding the application pack to the regional office for processing. ✓

Application to join is completed	
Interview record (part 3) is complete	
Personal Data Sheet (part 4) is legible	
Medical Data Sheet (part 5) has been reviewed	
Application for a Volunteer Criminal History check is complete	
Proof of identity has been sighted and a copy taken	
Emergency services volunteers are required to be fully vaccinated for COVID-19. COVID-19 vaccination sighted by unit member:	
Most recent date:	Dose 1                      Dose 2                      Booster
The member has been provided a copy of, and agrees to abide by:	
<ul style="list-style-type: none"> <li>• DFES Vision, Mission and Values &amp; SES Role and Functions</li> <li>• SES Conditions of Service</li> <li>• DFES Code of Conduct.</li> </ul>	
Copy of all documentation taken and placed on volunteers personal record at unit	
Originals to be sent to regional office	

**FOR REGIONAL OFFICE USE** ✓

Application to join is completed, signed and legible	
Volunteer Criminal History check provided	
Is a further Medical check required?	Y / N
Criminal History Check received	
Is a National Police Clearance required	Y / N
Unit notified	

**DISTRICT OFFICER**

RECOMMENDED / NOT RECOMMENDED AS A PROBATIONARY MEMBER

..... / ..... / .....  
(Date)

.....  
(District Officer - Name & Signature)

**REGIONAL OFFICE USE ONLY**

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ID NUMBER



**DEPARTMENT OF FIRE & EMERGENCY SERVICES- STATE EMERGENCY SERVICE**

**PART 1 – PERSONAL APPLICATION**

**Please complete form in ink and use block letters**

I .....  
(Given Names) (Surname)

of .....  
(Address)

born on .... / .... / ..... apply to become a voluntary member of the Department of Fire & Emergency Services State Emergency Service and service in the

.....Unit.  
(Unit Name)

I understand that I will be a Probationary Member of the Service, after which I may be formally appointed as a registered volunteer member of the Service. I have received a copy of the DFES SES Mission Statement and the DFES SES Role and the Functions and the Conditions of Service, which apply to me during my period of probation and my subsequent service. I agree to a confidential check by the DFES Commissioner and I certify that the information provided by me in this application form is true and correct and I agree to advise DFES of any change in this information.

..... / ..... / ..... (Date) ..... (Applicant's Signature)

**If applicant is under 18 years of age. Parent or Guardian to sign below.**

..... / ..... / ..... (Date) ..... (Name of Parent or Guardian) ..... (Signature)

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**PART 2 – RECOMMENDATION/APPROVAL**

**LOCAL MANAGER**

RECOMMENDED/NOT RECOMMENDED AS A PROBATIONARY MEMBER  
(See Part 3 – Interview Record)

..... / ..... / ..... (Date) ..... (Local Manager - Name & Signature)

Any Comments:

.....  
.....  
.....



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**PART 3 – INTERVIEW RECORD**

(Ensure applicant has completed Parts 1, 4 and 5)

**PREVIOUS SERVICE** (Tick service and detail location and years of service. Applicant to provide proof of service and qualifications).

- Defence Force .....
- Ambulance .....
- Police .....
- Fire .....
- SES .....
- Other .....

**SPECIALIST TRAINING/QUALIFICATIONS** (e.g. First Aid Certificate including date and record/certificate of authenticity to be attached).

.....

.....

.....

**MEMBERSHIP OF OTHER SERVICES** (Are you a current member of any other service?)

.....

.....

**AVAILABILITY** (State whether available for callouts during working hours or any other restrictions)

.....

.....

**PREFERRED WORK AREA** (e.g. communications, rescue, welfare, operations etc)

.....

.....

**OTHER QUESTIONS**

.....

.....

**COMMENTS AS TO SUITABILITY**

.....

.....

..... / ..... / .....  
(Date)

.....  
(Local Manager's Name and Signature)



**DEPARTMENT OF FIRE & EMERGENCY SERVICES - STATE EMERGENCY SERVICE**

**PART 4 - PERSONAL DATA SHEET**

PLEASE PRINT NEATLY ALL DETAILS

<b>SURNAME</b>			
<b>GIVEN NAMES</b>			
<b>PREFERRED NAME</b>			
<b>STREET ADDRESS</b>			
	NUMBER	STREET	
	TOWN/SUBURB	POSTCODE	
<b>POSTAL ADDRESS</b>			
<b>EMAIL ADDRESS</b>			
<b>DATE OF BIRTH</b>	___/___/___	<b>SEX:</b>	<input type="checkbox"/> MALE / <input type="checkbox"/> FEMALE
<b>TELEPHONE</b>	(___) _____	<b>MOBILE:</b>	
<b>DRIVERS LICENCE #</b>		<b>CLASS:</b>	<b>STATE:</b>
The above Driver's Licence is current and free from suspension and I acknowledge that it is my responsibility to inform DFES should this Licence expire or be suspended for any reason.			
<b>OCCUPATION</b>			
<b>EMPLOYER NAME</b>			
<b>EMPLOYER ADDRESS</b>			
<b>CONTACT NUMBER</b>			
<b>NEXT OF KIN NAME</b>			
<b>RELATIONSHIP</b>			
<b>ADDRESS</b>			
<b>CONTACT NUMBER</b>			



**DEPARTMENT OF FIRE & EMERGENCY SERVICES - STATE EMERGENCY SERVICE**

**PART 5 – MEDICAL DATA SHEET  
(CONFIDENTIAL)**

NAME: .....  
(Surname) (Given Names)

Are you now suffering from, or have you ever suffered from, any of the following disabilities:

	Y	N		Y	N
Neck or back injuries			Dizziness or turns		
Mental or nervous conditions			Head injuries		
Depression or difficulty sleeping			Epilepsy or fits		
Heart disease			Asthma		
High blood pressure			Stomach ulcers		
Hernia or rupture			Deafness		
Persistent headaches			Chest pains		
Do you wear glasses or contact lenses			Colour blindness		
Fear of heights			Other fears (state)		

**NOTE:** Applicant may be required to undergo a medical examination in respect to acknowledged disabilities at no cost to the applicant.

Are you now suffering from, or have your every suffered from, any other disability not listed above? If so give details.

.....  
.....  
.....

Give details of any of the items you have ticked/listed above.

.....  
.....  
.....

**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

..... / ..... / .....  
(Date)

.....  
(Applicant's Signature)

(FOR OFFICIAL USE ONLY)

DISCLAIMER: .....  
.....  
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