



## **VOLUNTEER APPLICATION FORM**

*FORT WILLIAM FIRST NATION FIRST RESPONSE – EVACUATION SUPPORT TEAM*



## **FORT WILLIAM FIRST NATION FIRST RESPONSE TEAM**

100 Anemki Drive, Suite 106  
Fort William First Nation, ON  
P7J 1J4  
Ph: (807) 623-9543 Ext. 291

### **VOLUNTEER APPLICATION FORM**

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#### **Emergency First Responder**

Thank you for your interest in volunteering with Fort William First Nation First Response Team. Being a first responder is very rewarding and can be challenging at times but is an opportunity to give back to the community.

The following minimum requirements must be met prior to submitting an application to the Fort William First Nation First Response Team:

- Applicants must be at least 18 years of age or older;
- Applicants must have a valid driver's license, G2 Minimum, with access to vehicle
- Applicants must live within Fort William First Nation or within close proximity of Fort William First Nation.
- Applicants must provide a Police Vulnerable Sector Criminal Records Check
- Successful completion of the MOHLTC Emergency First Response Course – **provided by FWFN**

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#### **Evacuation Support Team**

In the event the City of Thunder Bay hosts evacuees from northern communities, Fort William First Nation assists with providing on-site medical coverage with a team of trained first-aiders. First-aiders will be providing first-aid treatment to the level of their current certification.

The following minimum requirements must be met prior to submitting an application to the Evacuation Support Team:

- Applicants must be at least 18 years of age or older;
- Must have a reliable means of transportation to and from the host site;
- Must have a valid standard first-aid CPR level C or higher
- Applicants must provide a Police Vulnerable Sector Criminal Records Check

Once the application has been completed, please forward to: [StephenRee@fwfn.com](mailto:StephenRee@fwfn.com)

Kind Regards,

*Stephen Ree*

Medical First Response Coordinator



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## VOLUNTEER APPLICATION FORM

### Personal Information

Given Name	Middle Initial	Surname
Address	Contact Information	
Address:	Main Phone:	
City / Town:	Cell Phone:	
Province:	Email:	
Postal Code:		
Position Applying For: Emergency First Responder		Evacuation Support Team
In case of an emergency please notify:		
Name	Relationship	Phone Number
		Main Phone:
		Cell Phone:

### Education

High School (Highest Grade Completed):	Post-Secondary:
Other Education:	



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#### **Experience and Training**

Please list any relevant experience or certification you may have achieved:

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#### **References**

Name	Relationship	Phone

#### **Availability**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Signature of Applicant	Date