

What I Need to Know

- Membership of a brigade is open to all people who:
 - in the opinion of the management committee are a fit and proper person (*a person who is suitable, appropriate, and legally eligible to undertake a particular activity*) ; and
 - are older than 16 years of age.
- Volunteers are able to be a registered member of more than one Rural Fire Brigade, but ideally a member should reside within the community that the brigade services.

How I do it

Applying for membership

- Applicant completes all relevant sections of the “Volunteer Membership Application Form”.
- Secretary ensures that applicant has correctly completed and signed the application form.
- One member of the brigade proposes the applicant for membership.
- Another brigade member seconds the proposal in accordance with the brigade constitution.
- The brigade management committee convenes and votes on the application.
- If the applicant receives a majority of votes from the management committee he/she is accepted as a member.
- Secretary retains a copy of the application form for brigade administration and sends the original form to the Area Office.
- First Officer ensures that an induction session is undertaken with the new member as soon as practicable.

Reference Materials

- Volunteer Membership Application Form (*Attached*)
- Rural Fire Brigade Manual – D7.27 Brigade Constitution



RURAL FIRE BRIGADE MEMBERSHIP APPLICATION

RF 1

Rural Fire Brigade Name

All shaded boxes **must** be completed before membership application can be processed. Information submitted on this form is for official RFS use only. All information is deemed private and confidential and will not be released for any other purpose.

PERSONAL DETAILS:

Name: Title	Surname	First Name	Other	Preferred

Postal Address:	Post Code:

Residential Address:	Post Code:

Phone Numbers:	Work:	Home:	Mobile:
	Pager:	Fax:	Email Address:

Gender	Date of Birth	Driver Licence Class
Male: <input type="checkbox"/> Female: <input type="checkbox"/>		

MEMBERSHIP: Category required: (tick appropriate box)

Active Role:	Prepared to undertake active firefighting duties	<input type="checkbox"/>
Support Role:	Assist with Brigade functions, but NOT active firefighting duties	<input type="checkbox"/>

Detail any previously held positions (office bearer/general member) within QFRA/RFS:

Position (or member):	Brigade, Group, Fire Warden District:	Start Date:	Finish Date:

Are you a member of any other volunteer organisation? (eg SES, QAS.....)

Details:

EMERGENCY CONTACT DETAILS:

Name:	
Address:	Postcode:
Phone Number:	Relationship:

MEDICAL HISTORY:

To satisfy WorkCover requirements and to ensure your safety, the following information is requested: **To my knowledge I have no medical condition (such as heart condition, asthma, diabetes or back problems), which might inhibit my ability to carry out active firefighting duties.**

THE FOLLOWING INFORMATION IS OPTIONAL:

I have the following medical condition which might impact on my duties as an active firefighter:

Details:

I acknowledge provisional membership of the Brigade prior to formal processing at the next Brigade Meeting. I also acknowledge that equipment and safety gear provided by the Brigade is to be returned upon cessation of my membership. I agree that my membership may be terminated at any time upon a majority vote of members present at a meeting called to consider same.

Signature:..... Date:.....

Brigade Use Only:

Proposed:	Seconded:	
Meeting Date:	Approved: Yes / No	Signature of Authorised Officer:

NOTE: Provisional members are not eligible to vote at Brigade meetings