



# Annual Re-Affirmation

## Privacy Statement

*Please note that this information is collected in order to help the brigade understand your personal circumstances, and work with you to ensure that you are able to maintain your on-going commitment to the brigade in a safe environment. The brigade has a duty of care to ensure that members are not placed in situations which they are not able to deal with, and information collected in this form will help any such circumstances. Any information provided will be kept in strictest confidence. If you have any concerns about these questions, please discuss them with your Brigade Captain.*

*Relevant contact details, including name and phone number, will be included in the Brigade roster, which forms part of the Shire of Mundaring Emergency Services Directory.*

*Sensitive information (health details, etc) shall be held securely by the Brigade and shall not be shared with any other party, unless permission is granted by the member.*

## Membership

Name:

Home Address:

Postal Address:

Home Phone:

Mobile Phone:

Email Address:

Emergency Contact Person:

Relationship:

Phone:

Membership Type:

☐ - Ordinary Member

☐ - Cadet Member

☐ - Auxiliary Member



## Additional Information

Primary Operational Role:

☐ - Fire Fighter

☐ - Station Crew

☐ - Not Operational

DFES Number

## Drivers Licence

Number:

Class:

## Commitments

Are you subject to any other commitments which may impact your availability for brigade duties and activities? Such commitments include:

- Occupation
- Family
- Other community groups or services
- Other emergency services

## Health and Fitness

Fire fighting is hazardous and physically demanding. Do you have any health or physical conditions which may impact your ability to undertake brigade duties and activities? Such conditions include:

- Heart conditions
- Asthma or respiratory conditions
- Movement or joint restrictions
- Back injuries
- Mental health
- Physical fitness

With the implementation of a suitable management plan these, or any other relevant health or physical conditions, do not preclude a member from normal brigade activities, including fire fighting.

## Other Information

Any other information which may be pertinent to your ability to undertake brigade duties and activities?

# Declaration

By signing below, I reaffirm my membership to the Sawyers Valley Volunteer Bush Fire Brigade (Inc). I understand that this membership requires the adherence to:

- Sawyers Valley Volunteer Bush Fire Brigade (Inc.) Constitution, Rules and Policies;
- Relevant Shire of Mundaring Local Laws, Rules, Policies, Directives, and Procedures;
- Department of Fire and Emergency Services Rules, Policies, and Procedures;
- State Government acts pertinent to this brigade, including the Fire Brigades Act 1942, Bush Fires Act 1954, Fire and Emergency Services Act 1998, Associations Incorporation Act 2015, and all other relevant acts and laws.

By reaffirming my membership, I agree that I will:

- Strive to achieve the aims of the Brigade;
- Inform the Brigade Captain of changes in my availability or suitability to discharge my duties;
- Remain informed and up to date with the current policies and procedures, and to seek any necessary assistance in understanding and following these;
- Act with integrity and in good faith in all brigade activities and actions.

Furthermore, I agree that the information collected as part of this re-affirmation may be kept on record by the brigade as part of my personal file. I give permission for the sensitive information (health details, etc) collected in this form to be kept as part of my personal record, with the understanding that it will be kept confidential. Lastly, I give permission for the Brigade to record my personal contact details and to distribute the relevant details to:

- Brigade Officers;
- The Shire of Mundaring, including the Bush Fire Brigades Roster;
- The Department of Fire and Emergency Services.

I hereby declare my re-affirmation of membership to the Sawyers Valley Volunteer Bush Fire Brigade (Inc.). I understand that this re-affirmation will be kept on record by the Brigade as part of my personal file.

Signed

Date

