



**Sinoville Fire Fighting Association – Membership Application**

**MINIMUM REQUIREMENTS**

**ALL APPLICANTS MUST MEET & UNDERSTAND ALL OF THE FOLLOWING REQUIREMENTS:**

*(Applications which do not meet the below indicated minimum requirements will immediately be rejected)*

- Must be at least 18 years of age.
- Be in possession of a valid barcoded South African identity book.
- Have no criminal record.
- Have access to their own reliable transport.
- Ability to communicate VERBALLY, via telephone and radio equipment.
- Ability to interpret written, oral, and diagnostic form instructions.
- Ability to use good judgment and remain calm in high-stress situations.
- Ability to be unaffected by loud noises and flashing lights.
- Ability to bend, stoop, and crawl on uneven terrain.
- Ability to work in low light and confined spaces.
- The emergency services are a paramilitary organization, and you will be required to fully always function and abide by the rules of this organizations structure. All orders must be obeyed immediately and without question. It is possible that you will be receiving orders from people who are younger than you.
- You may under no circumstances liaise or communicate with any organization, member of the public or other person regarding any situations or events you are privy to as a volunteer. Breaches of confidentiality will be prosecuted to the full extent of the law.
- You will be required to perform the same duties and obligations as all volunteers; irrespective of the level of qualifications you may already have. No preferential treatment is given to those with higher qualifications in the field of medicine or emergency medicine.

**SELF-IMPOSED AND SELF-ENFORCED OBLIGATION**

IT IS A FUNDAMENTAL DUTY OF A MEMBER OF THE SINOVILLE FIRE FIGHTING ASSOCIATION, TO SERVE HUMANITY; TO SAFEGUARD AND PRESERVE LIFE AND PROPERTY AGAINST THE ELEMENTS OF FIRE AND DISASTER; AND MAINTAIN A PROFICIENCY IN THE ART AND SCIENCE OF FIRE PREVENTION & FIRE FIGHTING.

ALL MEMBERS WILL UPHOLD THE STANDARDS OF THEIR PROFESSION, CONTINUALLY SEARCH FOR NEW AND IMPROVED METHODS AND SHARE THEIR KNOWLEDGE AND SKILLS WITH THEIR CONTEMPORARIES AND THOSE NEW TO THE PROFESSION.

ALL MEMBERS WILL NEVER ALLOW PERSONAL FEELINGS, NOR DANGER TO SELF, TO DETER THEM FROM THEIR RESPONSIBILITIES AS A FIRST RESPONDER, WHILST ON DUTY AND IN PRIVATE CAPACITY.

ALL MEMBERS WILL AT ALL TIMES, RESPECT THE PROPERTY AND RIGHTS OF ALL MEN AND WOMEN, THE LAWS OF OUR COUNTRY, AND THE CHOSEN WAY OF LIFE OF THEIR FELLOW CITIZENS.

ALL MEMBERS WILL RECOGNIZE THE BADGE/LOGO OF THEIR ORGANIZATION AS A SYMBOL OF PUBLIC FAITH AND ACCEPT IT AS A PUBLIC TRUST TO BE HELD SO LONG AS THEY ARE TRUE TO THE ETHICS OF THE FIRE SERVICE. ALL MEMBERS WILL CONSTANTLY STRIVE TO ACHIEVE THESE OBJECTIVES AND IDEALS, DEDICATING THEMSELVES TO THEIR CHOSEN PROFESSION— SAVING OF LIFE, FIRE PREVENTION AND FIRE SUPPRESSION.



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SUBMITTANCE OF THIS DOCUMENT			
DATE OF SUBMITTANCE		TO INDIVIDUAL/EMAIL	

<p><b>DOCUMENTS TO BE COMPLETED, AND SUBMITTED</b></p> <p><b>CERTIFIED COPY OF IDENTITY DOCUMENT.</b></p> <p><b>SFFA – MEMBERSHIP APPLICATION COMPLETED (CURRENT DOCUMENT)</b></p> <p><b>SFFA – DISCLAIMER AND INDEMNITY</b></p>
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PERSONAL DETAILS									
TITLE		FIRST NAME/S					LAST NAME (SURNAME)		
IDENTITY / PASSPORT NUMBER					EMAIL ADDRESS				
CONTACT - CELL NUMBER					CONTACT - OTHER NUMBER				
BIRTH DATE (DD MM YYYY)					GENDER				
					FEMALE		MALE		
RACE / ETHNIC ORIGIN					OTHER RACE (ONLY APPLICABLE IF NOT A SOUTH AFRICAN CITIZEN)				
	AFRICAN			COLOURED					
	INDIAN			WHITE					

EDUCATION & QUALIFICATIONS		
QUALIFICATION	INSTITUTION	YEAR OBTAINED/COMPLETED

OCCUPATION	
OCCUPATION	EMPLOYER
PERIOD EMPLOYED	EMPLOYER CONTACT NUMBER

PERSONAL RESIDENTIAL ADDRESS		
UNIT/FLAT/COMPLEX NUMBER	COMPLEX / FLAT NAME	
HOUSE NUMBER	STREET NAME	
SUBURB	CITY	POSTAL CODE



**Sinoville Fire Fighting Association – Membership Application**

EMERGENCY CONTACT/NEXT OF KIN - DETAILS #1		
TITLE	FIRST NAME/S	LAST NAME (SURNAME)
UNIT / FLAT / COMPLEX NUMBER	COMPLEX / FLAT NAME	
HOUSE NUMBER	STREET NAME	
SUBURB	CITY	POSTAL CODE
CONTACT NUMBER	RELATIONSHIP	

EMERGENCY CONTACT/NEXT OF KIN - DETAILS #2		
TITLE	FIRST NAME/S	LAST NAME (SURNAME)
UNIT / FLAT / COMPLEX NUMBER	COMPLEX / FLAT NAME	
HOUSE NUMBER	STREET NAME	
SUBURB	CITY	POSTAL CODE
CONTACT NUMBER	RELATIONSHIP	

MEDICAL AID DETAILS									
MEDICAL AID					MEDICAL AID NUMBER				
MAIN MEMBER					MEMBER #REF NUMBER				
MAIN MEMBER ID					BENEFIT OPTION				
BLOOD TYPE									
O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN	

CERTIFICATION	
<p><b>I DECLARE TO THE BEST OF MY KNOWLEDGE THAT ALL INFORMATION ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT IF IT IS NOT AND ANY FALSEHOODS OR OMISSIONS ARE DISCOVERED MY MEMBERSHIP MAY BE TERMINATED.</b></p>	
DATE	
FULL NAMES & SURNAME	
SIGNATURE	