

CSO 076 – Volunteer Community Educator Application Form

Responsible Owner: Director, Regional Coordination, Rural Fire Service

Volunteer ID Number:		Name:	
Address:			
Telephone Number:		Email Address:	
Region:		Area:	
Brigade:		Current Brigade Position: <i>(if applicable)</i>	

Volunteer Community Educator (VCE) Application Process:

- Consult with the Brigade First Officer about taking on the VCE role.
- Contact the regional Bushfire Safety Officer to discuss the role and application requirements.
- Complete and submit this form to the Brigade Management Committee for endorsement.
- The Brigade Management Committee will either endorse or decline the application.
- The application is then forwarded to the local Rural Fire Service (RFS) Area Office.
- Notification of outcomes will be received in writing.
- Unsuccessful applications can be appealed – for further information, refer to the Volunteer Community Educator Unsuccessful Application Appeal Process as outlined in Rural Fire Brigade Manual Procedure B1.1.1 – Volunteer Community Educators.

Application Endorsement We confirm the applicant meets the following criteria:	First Officer Endorsement		Area Director Endorsement	
	Yes	No	Yes	No
Is community minded and has the ability to deliver programs to a diverse audience.				
Is able to work autonomously as well as with other people as part of a team.				
Is able to liaise with members of the public and private sector organisations and community groups.				
Has the ability to communicate well with local brigades and volunteers and develop a positive culture in their Rural Fire Brigade Area.				
Is able to comply with relevant Queensland Fire and Emergency Services policies including the Code of Conduct and Work Health and Safety.				
Note: any 'no' responses must be supported by a brief explanation, attached in writing.				
First Officer Endorsement				
I, _____, on behalf of the Brigade Management Committee of _____ Rural Fire Brigade, _____ this application				
Position:		Signature:		
Phone Number:		Date:		
Area Director Endorsement				
Name:		Signature:		
Phone Number:		Date:		



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