

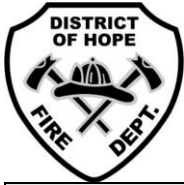


## Volunteer Firefighter Application Form

First Name	Last Name	
Street Address		
City	Province	Postal Code
Phone Number	Email	

Fill in the scheduled hours you usually work, each day ( <i>i.e., Monday, 7:30 – 3:30</i> )						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What times are you typically available to respond to calls? ( <i>i.e., Monday, 16:00 – 3:30</i> )						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Will your employer allow you to respond to calls during work hours? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>						
If you answered yes, please include your employer's name and signature below:  Name: <span style="margin-left: 150px;">Signature:</span>						

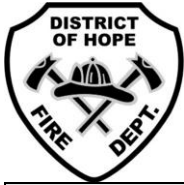
Current Employment	
Company Name	Position Name
How Long	Address
Supervisor Name	Supervisor Phone
Can we contact this employer? <input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>	
Former Employment	
Company Name	Position Name
How Long	Address
Supervisor Name	Supervisor Phone
Reason for Leaving	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No



Former Employment	
Company Name	Position Name
How Long	Address
Supervisor Name	Supervisor Phone
Reason for Leaving	Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

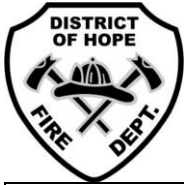
Education <i>(please attach copies of all certificates/degrees/diplomas)</i>	
Name of School	Certificate/Degree/Diploma Name
Name of School	Certificate/Degree/Diploma Name
Name of School	Certificate/Degree/Diploma Name

Specialized Education or Training			
Type	No	Yes	Expiry Date
First Aid			
CPR/AED			
Rescue Training			
Leadership Training			
Other:			
Other:			
Other:			
Other:			
Other			



Volunteer Experience	
Company/Organization Name	Position Name
How Long	Address
Supervisor Name	Supervisor Phone
Reason for Leaving (if applicable)	Can we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Experience	
Company/Organization Name	Position Name
How Long	Address
Supervisor Name	Supervisor Phone
Reason for Leaving (if applicable)	Can we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Information		
Do you speak, read, or write, any languages aside from English? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify:		
Class of Driver's License <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Do you have your air brake endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have less than 6 demerits on your driver's abstract? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be able to pass a criminal record and vulnerable sector check? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any of the following phobias?		
Phobia	Yes	No
Heights		
Confined Spaces		
Claustrophobia		
Other (please specify):		
Other (please specify):		



Do you have any experience or skills you would like to highlight which might be applicable to the fire service? If so, please specify:

How do you think you would be an asset to the District of Hope's Fire Department?

### **Declaration**

Please read carefully prior to signing.

I hereby certify:

- That I understand that omissions or representations made on this application or other documentation and/or tests related to my employment will be cause for cancellation of my application, and if employed, dismissal from the District of Hope.
- I agree to provide the District of Hope with copies of my proof of education, certificates, licenses, and an up-to-date driver's abstract.
- I understand that the District of Hope will require a Criminal Record, including a Vulnerable Sector Check.
- I approve the District of Hope to contact my past/present employers, including volunteer positions, to obtain references and I release them from any liability in connection with the Freedom of Information and Privacy Protection Act (FOIPPA).
- I understand that there will be a probationary period during which my performance and suitability will be reviewed against the criteria for the position and that acceptance for the position of Volunteer Paid-on-Call Firefighter is subject to the voting process of the District of Hope's Volunteer Fire Fighters Association. I further understand that as a condition to becoming a Volunteer Paid-on-Call Firefighter, I may be required to pass a medical examination.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_