



Volunteer Firefighter Application Form

Notice of Collection of Personal Information

Personal information requested on this form is collected under Section 26 of the Freedom of Information and Protection of Privacy Act as part of the application process for volunteer firefighter and for administration purposes.

SECTION A: NAME & CONTACT INFORMATION

First Name:	Last Name:
Home Address:	
Email:	Phone Number:
Driving Distance From Your Home to The Fire Station: kms	

SECTION B: BASIC REQUIREMENTS

Do you currently live within the District of Hope?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you 19 years of age or older?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you believe you are free of medical conditions that may preclude your participation as a Volunteer Firefighter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a valid B.C Driver's Licence? <i>If 'Yes' please attach an abstract & photocopy of your Driver's Licence. if you have ever had your licence suspended, please attach a note with an explanation.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a valid B.C. Air Brake Endorsement? <i>If 'Yes' please attach an abstract & photocopy of your Driver's Licence.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you obtained a criminal record check within the past 6 months? <i>(If you have a criminal record, you will be asked to provide details)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you do not have a recent criminal record check document please do not proceed with requesting one until asked to do so.



SECTION C: AVAILABILITY

Are you willing and able to participate in a <u>minimum</u> of 2.5 hours of weekly practice and maintain a <u>minimum</u> annual attendance rate of 75% or greater?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you willing and able to participate in the occasional weekend training program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you understand that in order to be available for emergency call-outs that you must be able to arrive at the Fire Station promptly and have abstained from alcohol and drugs for the previous 12 hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you willing and able to retain and wear an emergency pager so that if available you could respond to emergencies 24 hours per day, 7 days per week, 365 day per year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have a valid B.C. Air Brake Endorsement? <i>If 'Yes' please attach an abstract & photocopy of your Driver's Licence.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Please place a check mark next to the times that you are <u>in Hope</u> and available to respond to emergencies:			
Monday to Friday	<input type="checkbox"/> Midnight to 6AM	<input type="checkbox"/> 6AM to 6PM	<input type="checkbox"/> 6PM to Midnight
Saturday to Sunday	<input type="checkbox"/> Midnight to 6AM	<input type="checkbox"/> 6AM to 6PM	<input type="checkbox"/> 6PM to Midnight
Please place a check mark next to the average amount of time that you are willing and able to spend on a weekly basis on firefighting related activities? <i>(For example: practice sessions, participation in courses, self study, public events & fire/rescue responses)</i>			
<input type="checkbox"/> 2 hours or less	<input type="checkbox"/> 2-4 hours	<input type="checkbox"/> 4-6 hours	<input type="checkbox"/> 6+ hours
Please place a check mark next to your primary means of transportation to and from the Fire Station.			
<input type="checkbox"/> Walking/Running	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Drive own Vehicle	<input type="checkbox"/> Other <i>(please Explain)</i>



SECTION D: EMPLOYMENT & VOLUNTEER EXPERIENCE

Are you currently employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently work in Hope?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If 'Yes', are you available for emergency call-outs during your hours of work? <i>If you are available for emergency call-outs, please provide the name and address of your employer(s) below:</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a shift worker? <i>(If 'yes' please describe your shift schedule):</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Current Employment	
Company Name:	Position Name:
How Long:	Address:
Supervisor Name:	Supervisor Phone:
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
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

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

SECTION E: EDUCATION & TRAINING

What is the highest grade that you have completed?		
Do you have any post secondary education? <i>If 'yes' please describe below:</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO



Specialized Education or Training – Please place a check mark next to any of the following training that you’ve completed, briefly explain & attach photocopies of current Certificates:

Type	Expiry Date	
<input type="checkbox"/> Firefighting		
<input type="checkbox"/> CPR/AED		
<input type="checkbox"/> Rescue Training		
<input type="checkbox"/> Leadership Training		
<input type="checkbox"/> First Aid:		
<input type="checkbox"/> Other:		

SECTION F: WILLINGNESS

Are you willing to participate in the mandatory medical check required of potential volunteer firefighters?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that volunteer firefighters are expected to be in good physical condition, and do you feel you are physically able to participate in a physical fitness-related test as part of the selection process?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that successful applicants are required to remain without facial hair to ensure a self contained breathing apparatus mask will form a positive seal on the face? <i>(Moustache and short side burns are acceptable as long as they don't affect the seal)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO



SECTION G: ATTACHMENTS CHECKLIST

- Current B.C Driver's Licence, Class 5 abstract with a photocopy of your Driver's Licence
- Current B.C Driver's Licence, Class 3 abstract with a photocopy of your Driver's Licence (if applicable)
- If you have ever had your Driver's Licence suspended, please attach a note to explain
- Current criminal record check (see page 1 for details)
- Resume and cover letter
- Current certificates for firefighting, rescue or first aid training

SECTION H: DECLARATION & SIGNATURE

PLEASE READ CAREFULLY BEFORE 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 approval of the Fire Chief and Training Officer. I further understand that as a condition to becoming a Volunteer Paid-on-Call Firefighter, I may be required to pass a medical examination and provide documentation from a qualified physician.

I understand that the personal information contained on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, and will be used only for the purpose for which that information was obtained or compiled, or for a use consistent with that purpose. I also understand that my application for volunteer firefighter will be held current for 18 months after which time it will be destroyed, unless I have been successfully recruited by the Fire Department.

Signature:

Date:

Thank you for applying for Volunteer Firefighting with the Hope Fire Department.

Should you have any questions or concerns about your application or the recruitment process please contact:

**Joshua Westcott
DEPUTY FIRE CHIEF
Telephone: 604-869-5607 ext. 324
Email: JWestcott@hope.ca**