



VOLUNTEER FIRE FIGHTER

APPLICATION PAMPHLET

SURNAME, GIVEN NAMES *(please print)* _____

ADDRESS _____

HOME PHONE _____ **WORK** _____

E-Mail Address _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

GENERAL INFORMATION

HOW LONG HAVE YOU LIVED AT THE ADDRESS INDICATED ON THE APPLICATION?

_____ YEARS DO YOU? (circle one) OWN / RENT

PLEASE LIST ANY PHYSICAL ACTIVITY YOU REGULARLY PARTICIPATE IN TO KEEP YOURSELF IN GOOD PHYSICAL CONDITION

HAVE YOU BEEN INVOLVED IN OTHER COMMUNITY WORK?

YES NO

IF YES, PLEASE SPECIFY _____

LIST YOUR OTHER INTERESTS AND HOBBIES

HAVE YOU ANY DISABILITIES OR MEDICAL RESTRICTIONS WHICH MAY AFFECT YOUR ABILITY TO PERFORM THE DUTIES OF A VOLUNTEER FIRE FIGHTER?

YES NO

IF YES, PLEASE SPECIFY _____

DO YOU HAVE ANY PHOBIAS (*heights, confined spaces, etc.*) THAT MAY PROHIBIT YOU FROM PERFORMING THE DUTIES OF A VOLUNTEER FIRE FIGHTER?

YES NO

IF YES, PLEASE SPECIFY _____

DO YOU SPEAK OR WRITE A SECOND LANGUAGE?

YES NO

IF YES, PLEASE SPECIFY _____

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT? (*give two contacts*)

1) NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____

PHONE: HOME _____ WORK _____

2) NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____

PHONE: HOME _____ WORK _____

EDUCATION AND TRAINING

SECONDARY/HIGH SCHOOL- NAME & LOCATION _____

LAST GRADE COMPLETED _____ DID YOU GRADUATE? YES NO

VOCATIONAL/TRADE/TECHNICAL-NAME & LOCATION _____

DID YOU GRADUATE? YES NO

COURSE TYPE _____

COLLEGE/UNIVERSITY-NAME & LOCATION _____

DID YOU GRADUATE? YES NO

COURSE TYPE _____

OTHER CERTIFICATES, LICENSES, APPRENTICESHIPS, PROGRAMS OR RELATED COURSES _____

RELATED SKILLS

DO YOU HAVE A VALID DRIVERS LICENSE

YES NO

PROVINCE _____ CLASS _____

RESTRICTIONS _____ AIR BRAKES? YES NO

TRUCKS/HEAVY OR LIGHT EQUIPMENT (*specify*) _____

OTHER OPERATING SKILLS _____

FIRST AID CERTIFICATION?

YES NO LEVEL/CLASS _____

CURRENT EMPLOYER

COMPANY _____ ADDRESS _____

OCCUPATION _____ LENGTH OF SERVICE _____

SUPERVISOR/MANAGERS NAME? _____ PHONE _____

DUTIES: _____

DO YOU WORK SHIFT WORK? YES NO

WHAT ARE YOUR HOURS OF WORK? _____ TO _____

WOULD YOUR COMPANY ALLOW YOU TO RESPOND TO EMERGENCY CALLS DURING WORKING HOURS?

ALWAYS ____ USUALLY ____ RARELY ____ NEVER ____

WHO CAN WE PHONE TO VERIFY THIS? NAME _____ PHONE _____

DO YOU HAVE YOUR OWN VEHICLE FOR TRANSPORTATION? YES NO

DESCRIBE YOUR EXPERIENCE/SKILLS APPLICABLE TO THE FIRE SERVICE
(i.e. carpentry/mechanical/electrical plumbing/other)

HOW DO YOU THINK YOU WOULD BE AN ASSET TO THE DISTRICT OF HOPE FIRE DEPARTMENT?

REFERENCES (Provide 3)

NAME	POSITION	ORGANIZATION	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

READ CAREFULLY BEFORE SIGNING

I, the undersigned, apply to enroll as a volunteer fire fighter with the District of Hope Fire Department, and if accepted will undertake to perform such duties as may be assigned to me by the Fire Chief, or his/her delegate.

I hereby certify:

- 1. That the information given on the application documents is true and I understand that any untrue statements will disentitle me for hire and will be cause for dismissal.**

- 2. That I understand:**
 - * that my signature on this form is my permission to contact my present/past employers to obtain references and releases them from any liability in connection with the *Freedom of Information Act*.**
 - * that there will be a probationary work period during which my performance and suitability for the position will be reviewed.**
 - * that I will be voted on for acceptance by the *District of Hope Volunteer Fire Fighters Association*.**
 - * that as a condition of volunteering I may be required to pass a medical exam before my confirmation.**
 - * that I consent to a Criminal Record Check**
 - * that I consent to a Driving Record Check**

APPLICANT'S SIGNATURE _____ **DATE** _____

thank you for completing this application and for your interest in the District of Hope Fire Department

FOR DEPARTMENTAL USE ONLY

TESTING AND AUTHORIZATION DOCUMENTATION:

DATE APPLICATION RECEIVED _____

CRIMINAL RECORD CHECK _____

DRIVING RECORD CHECK _____

COMMENTS

ACCEPTED/REJECTED as a Probationary Member _____ **Date**

ACCEPTED/REJECTED as an Ordinary Member _____ **Date**

Personnel Profile Completed: _____ **Date**