



SIDNEY FIRE DEPARTMENT
"Serving Our Community Since 1914"

APPLICATION FOR VOLUNTEER FIREFIGHTER

SECTION A: NAME AND CONTACT INFORMATION			
1. FIRST NAME		2. LAST NAME	
3. HOME ADDRESS (Number, Street, City, Province, and Postal Code)			
4. HOME PHONE: ()		5. CELL PHONE: ()	
6. EMAIL ADDRESS:			
7. PLEASE TELL US HOW YOU HEARD ABOUT THE SIDNEY VOLUNTEER FIRE DEPARTMENT (select all that apply):			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Recruitment Poster	<input type="checkbox"/> SVFD Webpage	<input type="checkbox"/> Town Talk
<input type="checkbox"/> SVFD Firefighter	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other (Specify):	

SECTION B: BASIC REQUIREMENTS		
8. DO YOU CURRENTLY LIVE WITHIN THE TOWN OF SIDNEY? <ul style="list-style-type: none"> • If 'yes' please indicate how long you plan to live in Sidney: _____ • If "yes" how long have you lived in Sidney? _____ 	NO	YES
9. DO YOU CURRENTLY WORK IN SIDNEY OR ON THE SAANICH PENINSULA?	NO	YES
10. ARE YOU 19 YEARS OF AGE OR OLDER?	NO	YES
11. DO YOU BELIEVE YOU ARE FREE OF MEDICAL CONDITIONS THAT MAY PRECLUDE YOUR PARTICIPATION AS A VOLUNTEER FIREFIGHTER?	NO	YES
12. HAVE YOU ATTACHED A CRIMINAL RECORD CHECK COMPLETED WITHIN THE PAST 6 MONTHS? <i>(Note: If you have a criminal record you will be asked to provide details)</i> <div style="background-color: yellow; text-align: center; padding: 5px;">IF YOU DO NOT HAVE A RECENT CRIMINAL RECORD CHECK DOCUMENT PLEASE DO NOT PROCEED WITH REQUESTING ONE UNTIL ADVISED TO DO SO BY THE FIRE DEPARTMENT.</div>	NO	YES
13. DO YOU HAVE A CURRENT BC CLASS 5 NON RESTRICTED DRIVER'S LICENCE?	NO	YES

<i>If 'yes,' please attach an abstract and a photocopy of your Driver's Licence. If you have ever had your license suspended, please attach a note with an explanation.</i>		
14. DO YOU HAVE A CURRENT BC CLASS 3 OR GREATER DRIVER'S LICENCE WITH AIR BRAKE ENDORSEMENT? <i>If 'yes,' please attach an abstract and a photocopy of your Driver's Licence.</i>	NO	YES

SECTION C: AVAILABILITY

15. ARE YOU WILLING AND ABLE TO PARTICIPATE IN A <u>MINIMUM</u> OF ONE 2.5 HOUR PRACTICE SESSION EVERY WEEK (Thursday evenings or pre scheduled Saturday afternoons) AND MAINTAIN A <u>MINIMUM</u> ANNUAL ATTENDANCE RATE OF 60% OR GREATER?	NO	YES
16. DO YOU UNDERSTAND THAT IN ORDER TO BE AVAILABLE FOR EMERGENCY CALL-OUTS, YOU MUST BE ABLE TO ARRIVE AT THE FIRE STATION PROMPTLY AND HAVE ABSTAINED FROM ALCOHOL AND DRUGS FOR THE PREVIOUS 12 HOURS?	NO	YES
17. ARE YOU WILLING AND ABLE TO RETAIN AND WEAR AN EMERGENCY PAGER AND RESPOND TO EMERGENCIES 24 HOURS PER DAY, SEVEN DAYS PER WEEK, 365 DAYS PER YEAR?	NO	YES
18. ARE YOU WILLING AND ABLE TO PARTICIPATE IN THE OCCASIONAL WEEKEND TRAINING PROGRAM OUT OF DEPARTING FRIDAY AND RETURNING SUNDAY EVENING? TOWN (Usually once per year to Live Fire Training held in Maple Ridge, B.C.)	NO	YES

19. PLEASE PLACE A CHECK MARK NEXT TO THE TIMES THAT YOU ARE IN SIDNEY AND AVAILABLE TO RESPOND TO EMERGENCIES:

MONDAY TO FRIDAY:	<input type="checkbox"/> Midnight to 6 am	<input type="checkbox"/> 6 am to 6 pm	<input type="checkbox"/> 6 pm to Midnight
SATURDAY AND SUNDAY:	<input type="checkbox"/> Midnight to 6 am	<input type="checkbox"/> 6 am to 6 pm	<input type="checkbox"/> 6 pm to Midnight

20. PLEASE PLACE A CHECK MARK NEXT TO THE AVERAGE AMOUNT OF TIME YOU ARE WILLING AND ABLE TO SPEND ON A WEEKLY BASIS ON FIREFIGHTING RELATED ACTIVITIES? (Example: Practice sessions, participation in courses, self-study, public events and Fire / Rescue response)

<input type="checkbox"/> 2 hours or less	<input type="checkbox"/> 2 - 4 hours	<input type="checkbox"/> 4 - 6 hours	<input type="checkbox"/> 6+ hours
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21. 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 (Explain)
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SECTION D: EMPLOYMENT

22. ARE YOU CURRENTLY EMPLOYED OR RETIRED? (Circle One) If "Employed":	Employed	Retired
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<ul style="list-style-type: none"> • How many hours do you work on a weekly basis: _____ • What time do you start work? _____ • What time do you finish work? _____ • How long have you worked for this employer? _____ • If you have more than one employer, please explain: 		
23. ARE YOU A SHIFT WORKER? If 'yes,' please describe your shift schedule:	NO	YES
24. IS YOUR PLACE OF EMPLOYMENT LOCATED IN SIDNEY? If 'Yes': Are you available for emergency call-out during your hours of work? Please provide the name and address of your employer(s):	NO	YES
25. HAVE YOU ATTACHED A CURRENT RESUME?	NO	YES

SECTION E: EDUCATION AND TRAINING

26. WHAT IS THE HIGHEST GRADE THAT YOU HAVE COMPLETED?		
27. DO YOU HAVE ANY POST-SECONDARY EDUCATION? If 'yes', please describe:	NO	YES
28. PLEASE PLACE A CHECK MARK NEXT TO ANY OF THE FOLLOWING TRAINING YOU HAVE COMPLETED, AND ATTACH PHOTOCOPIES OF <u>CURRENT</u> CERTIFICATES:		
<input type="checkbox"/> FIREFIGHTING Explain:	<input type="checkbox"/> RESCUE Explain:	<input type="checkbox"/> FIRST AID Explain:
<input type="checkbox"/> OTHER Explain:		

SECTION F: WILLINGNESS

29. ARE YOU WILLING TO PARTICIPATE IN THE MANDATORY MEDICAL CHECK REQUIRED OF POTENTIAL VOLUNTEER FIREFIGHTERS?	NO	YES
30. 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?	NO	YES
31. 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? (Moustache and	NO	YES

short side burns are acceptable as long as they don't affect the seal)		
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SECTION G: DISABILITIES

32. DO YOU HAVE ANY DISABILITIES THAT MAY REQUIRE ACCOMMODATION? <i>If yes, please attach a note to explain.</i>	NO	YES
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SECTION H: REFERENCES

33. IS IT PERMISSIBLE FOR FIRE HALL PERSONNEL TO CONTACT YOUR CURRENT EMPLOYER AS A REFERENCE? <i>If 'no', please explain:</i>	NO	YES
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Please provide three references that have known you for at least three years, and are not related to you:

34. REFERENCE #1	
First Name	Surname
Title	Company name (if a previous employer)
Address (number, street, city, province, postal code)	
Phone:	Cell phone:
Email address:	Relationship to you:

35. REFERENCE #2	
First Name	Surname
Title	Company name (if a previous employer)
Address (number, street, city, province, postal code)	
Phone:	Cell phone:
Email address:	Relationship to you:

36. REFERENCE #3	
First Name	Surname
Title	Company name (if a previous employer)
Address (number, street, city, province, postal code)	
Phone:	Cell phone:

Email address:	Relationship to you:

SECTION I: SIGNATURE

Please read carefully:

I, the undersigned, apply to enroll as a volunteer recruit member of the Fire Department and, if accepted, undertake to perform such duties as may be assigned to me by the Fire Chief or his delegated representative.

I understand that this is a volunteer position with no remuneration.

I understand the promotional opportunities will depend upon positions becoming available, the results of work performance, training evaluation, the recommendation of the Fire Officers and approval of the Fire Chief.

I verify that the information contained on this application form is true and accurate.

I hereby give consent to the Town of Sidney to conduct verification of the information given, as required.

37. Signature

38. Date

*****Note: All applications are held on file. Should information change on your application, please stop in and update your application. We appreciate your interest in our Department.***

Questions about this collection of personal information can be answered by the Deputy Clerk at the Town of Sidney Municipal Office located at 2440 Sidney Avenue, Sidney, BC (250-656-1184)

SECTION J: ATTACHMENTS CHECKLIST

Please remember to attach:

- Current BC Driver's License class 5 abstract with photocopy of your Driver's Licence
- Current BC Driver's License class 3 abstract with photocopy of your Driver's Licence if applicable.
- If you have ever had your license suspended, please attach a note to explain
- Criminal record check, and explanation (if applicable)
- Your resume
- Current certificates for firefighting, rescue or first aid training
- Information regarding any disabilities you have that may require accommodation.