



George's Brook-Milton Fire Department

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. DRIVING DISTANCE FROM YOUR HOME TO THE FIRE STATION: _____ KMS.

SECTION B: BASIC REQUIREMENTS

8. DO YOU CURRENTLY LIVE WITHIN THE Town OF George's Brook-Milton? NO YES

• If „yes“ please indicate how long you plan to live in George's Brook-Milton? _____

• If “yes” how long have you lived in George's Brook-Milton? _____

9. DO YOU CURRENTLY WORK in the Milton-George's Brook AREA? 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? (Note: If you have a criminal record you will be asked to provide details) NO YES

**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.**

13. DO YOU HAVE A CURRENT BC CLASS 5 NON RESTRICTED DRIVER'S LICENCE? NO YES
*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.*

14. DO YOU HAVE A CURRENT BC CLASS 3 OR GREATER DRIVER'S LICENCE WITH AIR BRAKE ENDORSEMENT? NO YES
If „yes,“ please attach an abstract and a photocopy of your Driver's Licence.

SECTION C: AVAILABILITY

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| 15. ARE YOU WILLING AND ABLE TO PARTICIPATE IN A <u>MINIMUM</u> OF ONE 2.5 HOUR PRACTICE SESSION EVERY WEEK (Thursday evenings) 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 (preferably within 1-2 minutes) 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? | NO | YES | |
| 19. PLEASE PLACE A CHECK MARK NEXT TO THE TIMES THAT YOU ARE in G.B.M. 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 |
| 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) |

SECTION D: EMPLOYMENT

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| 22. ARE YOU CURRENTLY EMPLOYED OR RETIRED? (Circle One) If "Employed": <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: | Employed | Retired |
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| 23. ARE YOU A SHIFT WORKER? <i>If „yes,” please describe your shift schedule:</i> | NO | YES |
| 24. IS YOUR PLACE OF EMPLOYMENT LOCATED IN G.B.M.? <i>If „Yes”:</i> Are you available for emergency call-out during your hours of work? <i>Please provide the name and address of your employer(s):</i> | NO | YES |
| 25. HAVE YOU ATTACHED A CURRENT RESUME? | NO | YES |

SECTION E: EDUCATION AND TRAINING

| | | |
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| 26. WHAT IS THE HIGHEST GRADE THAT YOU HAVE COMPLETED? | | |
| 27. DO YOU HAVE ANY POST-SECONDARY EDUCATION? <i>If „yes,” please describe:</i> | 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 <i>Explain:</i> | <input type="checkbox"/> RESCUE <i>Explain:</i> | <input type="checkbox"/> FIRST AID <i>Explain:</i> |
| | | <input type="checkbox"/> OTHER <i>Explain:</i> |

SECTION F: PERSONAL ATTRIBUTES

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|---|--|--|---|
| PLEASE INDICATE THE DEGREE TO WHICH THE FOLLOWING STATEMENTS DESCRIBE YOU: | | | |
| 29. I am honest, trustworthy, reliable and accountable. | <input type="checkbox"/> Not really | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Yes, this is me |
| 30. I want to learn and understand how to apply safe firefighting practices. | <input type="checkbox"/> Not really | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Yes, this is me |
| 31. I am not willing to engage in behavior likely to injure myself or others. | <input type="checkbox"/> Not really | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Yes, this is me |
| 32. I have a healthy lifestyle (no drugs, no drinking to excess, safe driving record, no criminal behavior, and I smoke rarely or not at all). | <input type="checkbox"/> Not really | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Yes, this is me |
| 33. I prefer spending time with groups of people rather than being on my own. | <input type="checkbox"/> Not really | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Yes, this is me |
| 34. I am able to take direction, follow instructions and accept constructive criticism. | <input type="checkbox"/> Not really | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Yes, this is me |
| 35. I am dependable and almost always arrive on time. | <input type="checkbox"/> Not really | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Yes, this is me |

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|--|--|--|---|
| 36. I am able to stay calm in emergency situations. | <input type="checkbox"/> Not really | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Yes, this is me |
| 37. I am willing to help people in emergency situations. | <input type="checkbox"/> Not really | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Yes, this is me |
| 38. I am a team player, willing and able to fulfill my role for the benefit of the team. | <input type="checkbox"/> Not really | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Yes, this is me |
| 39. I am very interested in becoming a member of the G.B.M. Fire Department and am confident that my behavior is consistent with the firefighter's public image (e.g. trusted, dependable, reliable, helpful and respected). | <input type="checkbox"/> Not really | <input type="checkbox"/> Somewhat | <input type="checkbox"/> Yes, this is me |

SECTION G: WILLINGNESS

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| 41. 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 (e.g. dexterity) TEST AS PART OF THE SELECTION PROCESS? | NO | YES |
| 42. 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>) | NO | YES |

SECTION H: DISABILITIES

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| 43. 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 I: REFERENCES

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| 44. 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:

| | |
|---|---------------------------------------|
| 45. 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: |

| 46. 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: |

| 47. 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 J: SIGNATURE | |
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| <u>Please read carefully:</u> | |
| I declare that the information I have provided on this form is true and correct and will be used in the selection process for Volunteer Firefighters with the G.B.M. Fire Department. I understand that the information is collected, used and disclosed under the authority of the <i>Municipal Act</i> and the <i>Freedom of Information and Protection of Privacy Act</i> . | |
| 48. <i>Signature</i> | 49. <i>Date</i> |

Please remember to attach:

- Photocopy of your Driver's Licence
- 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.