



Salt Spring Island Fire/Rescue Volunteer Fire Fighter Application Form

www.saltspringfire.com

Personal Information

Surname: _____ Given Name(s): _____

Address 1: _____

Address 2: _____

City: _____

Province: _____ Postal Code: _____

Telephone (h): _____ Telephone (w): _____

Age: _____ Date of Birth (dd/mm/yyyy): _____

BC Medical Services Plan No: _____ Social Insurance No: _____

Email: _____

General Information

How many years have you lived at the address indicated above?

Do you... Own or Rent

Please list any physical activities that 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...

General Information (cont.)

List your interests and hobbies...

Do you have 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...

How did you hear about us? Newspaper ___ Social Media ___ Website ___ Word of Mouth ___

Are you on Facebook? _____



In case of Emergency, who should we contact? (please provide two contacts)

Contact 1

Name: _____ Relationship: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone (h): _____ Telephone (w): _____

Contact 2

Name: _____ Relationship: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone (h): _____ Telephone (w): _____

Education & Training

Secondary/High School

Name: _____ Location: _____
Last Grade Completed: _____ Did you graduate? Yes No

Vocational/Trade/Technical Institution

Name: _____ Location: _____
Area of Study: _____ Did you graduate? Yes No

College/University

Name: _____ Location: _____
Area of Study: _____ Did you graduate? Yes No

Other Certificates, Licenses, Apprenticeships, Programs or Related Courses...

Related Skills

Drivers License No: _____ Province: _____

Class(s): _____ Restrictions: _____

Air Brakes: Yes No

Trucks/Heavy and/or Light Equipment experience...

Other Operating Skills...

First Aid Certification? Yes No Level/Classification: _____

Current Employer

Company: _____

Address: _____

Job Title: _____ Length of Service: _____

Supervisor/Manager Name: _____

Telephone: _____

Duties:

Do you work shifts? Yes No

What are your hours of work? From: _____ To: _____

Current Employer (cont.)

Would your company allow you to respond to emergency calls during working hours?

Always Usually Rarely Never

Who can we contact to verify this? Name: _____ Telephone: _____

Do you have your own vehicle for transportation? Yes No

Describe your experience/skills as they may apply to the Fire Department (ie. Carpentry, mechanical, electrical, plumbing or other)...

How do you think you would be an asset to the Salt Spring Island Fire Department?

References (please provide three)

Reference 1

Name: _____ Title: _____
Organization: _____ Telephone: _____

Reference 2

Name: _____ Title: _____
Organization: _____ Telephone: _____

Reference 3

Name: _____ Title: _____
Organization: _____ Telephone: _____

FOR DEPARTMENTAL USE ONLY

TESTING AND AUTHORIZATION DOCUMENTATION

WRITTEN TEST COMPLETED _____
PHYSICAL TEST COMPLETED _____
PHYSICAIN STATEMENT _____
CRIMINAL RECORD CHECK _____
DRIVING RECORD CHECK _____

READ CAREFULLY BEFORE SIGNING

I, the undersigned, apply to enroll as a volunteer fire fighter with the Saltspring Island 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(s).

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 from 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 in to the *Salt Spring Volunteer Fire Fighters Association*.
 - that as a condition of volunteering I will 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

Date: _____ Signature: _____

By signing and submitting this application you are indicating your acceptance of the above conditions.

Application can be mailed to or dropped off at:

**Salt Spring Island Fire/Rescue, Hall 1
105 Lower Ganges Road,
Ganges, Salt Spring island, BC V8K 2T1**

or faxed to:

1 250 537-2507

Thank you for completing this application and for your interest in the Salt Spring Island Fire Department. Please feel free to contact us if you have any questions @ info@saltspringfire.com

