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**Personal Information**  
Confidential When Completed

FULL NAME: _____	BIRTHDATE: _____
ADDRESS: _____	POSTALCODE: _____
PHONE: Home: _____	Cell: _____ Work: _____
EMAIL: Home: _____	Work: _____
SOCIAL INSURANCE NUMBER: _____	CARE CARD NUMBER: _____
EMERGENCY CONTACT: _____	RELATIONSHIP: _____
ADDRESS: _____	PHONE: _____

**Please provide two References.**

Name: _____	Name: _____
Phone #: _____	Phone #: _____
Relationship: _____	Relationship: _____

DO YOU RENT, OWN OR LIVE WITH PARENTS: \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT YOU CURRENT ADDRESS: \_\_\_\_\_

HOW LONG ARE YOU PLANNING ON LIVING IN THE AREA: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? Yes  | No  \_\_\_\_\_

DO YOU POSSES A VALID BC DRIVER'S LICENSE: Yes  | No  License Class: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ Air Brake Endorsement? Yes  | No  Restrictions

(Describe, if any): \_\_\_\_\_

DESCRIBE YOUR FITNESS LEVEL: \_\_\_\_\_

AVAILABILITY- Are You Regularly Available On Tuesday Nights? \_\_\_\_\_

Are You Available Weekdays, Weekends, Weeknights, Other? (Describe) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

Employers Address: \_\_\_\_\_ Hours And Days Of Work: \_\_\_\_\_

PREVIOUS EMPLOYMENT EXPERIENCE: (Describe) \_\_\_\_\_

PREVIOUS VOLUNTEER ORGANIZATION(S)? (Describe) \_\_\_\_\_

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PREVIOUS MILITARY OR POLICE EXPERIENCE? (Describe) \_\_\_\_\_

EDUCATION: Grade 12 or equivalent? Yes  | No  \_\_\_\_\_

(List levels completed) \_\_\_\_\_

FIREFIGHTING EXPERIENCE: Yes | No  (Describe, if any, Where, number of years, etc.) \_\_\_\_\_

FIRST AID AND/OR RESCUE TRAINING: (Describe, if any) \_\_\_\_\_

OTHER EXPERIENCES THAT MIGHT APPLY TO THIS POSITION: (Describe) \_\_\_\_\_

**How did you hear about the EVFD and the opportunity to become a firefighter?** (Check all that apply)

- Newspaper Ad |  Fire Hall Sign |  EVFD Website |  News Letter In The Mail |  EVFD Facebook Page  
 Fire Dept. Member (If so, Who? \_\_\_\_\_) |  Poster (Where? \_\_\_\_\_)  
 Other: (Please List: \_\_\_\_\_)

**PARENTAL/LEGAL CONSENT FOR JUNIOR MEMBERSHIP APPLICATIONS**

COMPLETE THIS SECTION ONLY IF THE APPLICANT IS BETWEEN 15 AND 19 YEARS OF AGE. THIS SECTION IS NOT REQUIRED FOR AN APPLICATION THAT IS 19 YEARS OR OLDER.

I, \_\_\_\_\_, GIVE CONSENT FOR MY SON/DAUGHTER, SHOULD THEY BE SELECTED, TO PARTICIPATE AS A JUNIOR MEMBER WITH THE ERRINGTON VOLUNTEER FIRE DEPARTMENT.

SIGNATURE OF PARENT/LRGLAL GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

**Declaration of Applicant**

I, the undersigned, herby formally apply to enroll as a paid-call member of the **ERRINGTON VOLUNTEER** Fire Department and do certify that all the information submitted in this application is truthful and correct. If accepted I will perform duties that may be assigned to me by the Fire Chief, or his delegated representative in authority of the Errington Fire Department. I agree to account for any Fire Department equipment that may be issued to me. I understand that I will be required to have a medical examination, a physical evaluation, a criminal record check and to submit a copy of my driver's abstract as part of the process of confirmation as a suitable firefighter candidate.

SIGNATURE of Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please submit the following items in addition to the two page application portion of the application package:**

- Criminal Record Check** – Available through the local RCMP detachment.
- Driver's Abstract** (Driving Record) – Available from any provincial motor vehicle branch.

Office Use Only

Date Received:

Notes:

Received by:



## Errington Volunteer Fire Department Firefighters Application

### Practical Evaluation Readiness Questionnaire

For Applicant's use and guidance. Please present to Examiner at time of testing. This questionnaire is designed as a sensible first step to take if you are planning to subject yourself to the rigorous Physical Fitness Tests for Firefighter applicants.

- |  | Yes | No  |
|--|-----|-----|
| 1. Have you ever been bothered by shortness of breath?   | ___ | ___ |
| 2. Have you had frequent bouts of respiratory problems, such as influenza, asthma or pneumonia?  | ___ | ___ |
| 3. Have you any back problems that would prevent you from lifting heavy objects?   | ___ | ___ |
| 4. Has your Doctor ever said you have heart troubles?  | ___ | ___ |
| 5. Do you often feel faint or have spells of sever dizziness?  | ___ | ___ |
| 6. Do you frequently have pains in your heart or chest?  | ___ | ___ |
| 7. Has a Doctor ever said your blood pressure was too high?  | ___ | ___ |
| 8. Has your Doctor ever told you that you have a bone joint problem such as arthritis, that has been aggravated by exercise, or might be made worse with exercise? | ___ | ___ |
| 9. Are you not in good physical shape and not accustomed to vigorous exercise?   | ___ | ___ |
| 10. Is there any good reason not mentioned here why you should not undergo strenuous testing, even if you wanted to?   | ___ | ___ |

**If you answered YES to one or more questions:**

- a) **Consult with your personal physician by phone or in person before taking the physical examinations. Tell him/her what questions you answered "YES" to on this questionnaire and show him/her this sheet.**
- b) **You will not be allowed to participate unless you present us with your questionnaire, a written statement from your family physician indicating that you are cleared to participate.**

Signature

Print Full Name

Date

**Complete and return in person if selected for practical evaluation.**



## Errington Volunteer Fire Department Firefighters Application

### DEED OF RELEASE for PRACTICAL EVALUATION

I, the undersigned applicant, acknowledge that I have been warned that undergoing physical tests described in the application information can be dangerous to my health if I am not in good health and physical condition. I hereby certify that I have satisfied myself that undergoing such tests will not be dangerous to my health. I further certify that I accurately completed the Physical Examination Readiness Questionnaire.

To the best of my knowledge, I do not at present have an illness of any nature whatsoever.

In consideration of the **ERRINGTON AND DISTRICT VOLUNTEER FIRE DEPARTMENT**, considering my application for volunteer firefighter, I expressly agree that it is my sole responsibility to determine whether I can undertake such tests without danger to my health.

I release and discharge the **ERRINGTON AND DISTRICT VOLUNTEER FIRE DEPARTMENT** and its Officers, servants, consultants and advisors from any and all claims, damages and actions of every nature for or in respect of anything done or omitted to be done in connection with the establishment or supervision of the physical fitness tests, or the advice as to their nature and possible danger to my health, whether or not such act or omission shall constitute negligence, and in particular from any and all injuries, including death, which may result from my performing or attempting to perform such tests.

IN WITNESS WHEREOF, I have set my hand this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_\_.

Signed in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(print full name)

\_\_\_\_\_  
(Signature of applicant)

***Complete and return in person if selected for practical evaluation.***