

Name: _____

Date of application: _____

CONFIDENTIAL WHEN COMPLETED



MILL BAY FIRE DEPARTMENT VOLUNTEER FIREFIGHTER APPLICATION

ACCURATE, LEGIBLE COMPLETION OF THIS APPLICATION
FORM IS THE FIRST STEP IN THE DEPARTMENT
SCREENING PROCESS.

INCOMPLETE OR INACCURATE APPLICATIONS WILL NOT BE
ACCEPTED. SUPPLY ALL INFORMATION REQUESTED.

MILL BAY FIRE DEPARTMENT

PERSONNEL APPLICATION

Accurate, legible completion of this Application Form is the first step in the screening process. Incomplete or inaccurate applications will not be accepted. Please supply all information requested.

NAME: _____ / _____
Last Name First Name(s)

TELEPHONE (home): _____ TELEPHONE (work): _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

POSTAL CODE: _____ BIRTH DATE: ____/____/____ Personal Health # _____
year/month/day

BC DRIVERS LIC #: _____ CLASS: _____ AIR? YES ___ NO ___ RESTRICTIONS: _____

DO YOU HAVE YOUR OWN VEHICLE FOR TRANSPORTATION? YES ___ NO ___

Citizenship: _____

How long have you resided in the area? _____

Do you have any phobias (height, enclosed spaces, etc)? YES ___ NO ___

If yes, please explain: _____

Do you have a criminal record? YES ___ NO ___ (Consent Form will be requested)

If yes, please explain: _____

Describe your skills applicable to the Fire Service: _____

Describe your main hobbies and interests outside of work:

EDUCATION

Last Secondary School grade completed (or equivalency): _____

Post Secondary, Vocational or Trade Training: YES _____ NO _____

Subject, degree or qualification: _____

Any additional qualifications or courses? _____

Previous firefighting experience: (where and when)

Previous first aid experience (where and when)

WORK EXPERIENCE

Are you presently employed:

____ full time (more than 35 hours/week) ____ student
____ part-time (more than 25 hours/week) ____ unemployed
____ part-time (less than 25 hours/week) ____ other (please explain)
____ self employed (please explain)

Present Employer: _____ Occupation: _____

Is your job site in the fire protection area? YES _____ NO _____

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

Always _____ Usually _____ Rarely _____ Never _____

What are your regular hours of work? _____

Are you a shift worker? YES _____ NO _____

If so, please explain hours and days of work: _____

Are you normally available to respond to daytime emergencies? (Monday to Friday between the hours of 7 am and 6 pm) Always _____ Usually _____ Rarely _____ Never _____

If accepted by the Fire Department, you are required to attend evening, daytime or weekend practices or training sessions. Can you meet this requirement? YES _____ NO _____

WHY DO YOU THINK YOU WOULD BE AN ASSET TO THIS DEPARTMENT?

The personal information on this form is collected under the authority of the Municipal Act. The information will be used for the purpose of an operating program of the municipality.

REFERENCES

Please name two references not related to you:

- 1. Name: _____
Address: _____
Phone: _____

- 2. Name: _____
Address: _____
Phone: _____

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 that 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 and the Board of Trustees.

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

I hereby give consent to the Mill Bay Fire Protection District to conduct verification of the information given, as required.

SIGNED: _____ DATE: _____

Have you attached the requested documentation?

- Criminal Record Check**
- Current drivers abstract**
- Medical Examination**
- Name and telephone number of reference for previous firefighting experience, or other documentation.**
- Proof of previous first aid experience, if current?**
- Letter that your employer will allow you to respond from work, if applicable?**

MILL BAY FIRE DEPARTMENT

**APPLICANT'S
DEED OF RELEASE for PRACTICAL EVALUATION
CONFIDENTIAL WHEN COMPLETED**

I, the undersigned applicant, acknowledge that I have been warned that undergoing physical tests and training 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 and training 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 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 Mill Bay Fire Protection District, the Fire Department and their respective 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

Applicant's Name (please print)

Applicant's Signature

MILL BAY FIRE DEPARTMENT

APPLICANT'S
PRACTICAL EVALUATION READINESS QUESTIONNAIRE
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This questionnaire is designed as a condition to the rigorous physical fitness requirements for Fire Department applicants.

- | | Yes | No |
|---|-----|-----|
| 1. <i>Have you ever been bothered by shortness of breath?</i> | ___ | ___ |
| 2. <i>Have you had frequent bouts of respiratory problems, such as influenza, asthma or pneumonia?</i> | ___ | ___ |
| 3. <i>Have you any back problems that would prevent you from lifting heavy objects?</i> | ___ | ___ |
| 4. <i>Has your Doctor ever said you have heart trouble?</i> | ___ | ___ |
| 5. <i>Do you often feel faint or have spells of severe dizziness?</i> | ___ | ___ |
| 6. <i>Do you frequently have pains in your heart or chest?</i> | ___ | ___ |
| 7. <i>Has a Doctor ever said your blood pressure was too high?</i> | ___ | ___ |
| 8. <i>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?</i> | ___ | ___ |
| 9. <i>Is there any good reason not mentioned here why you should not undergo strenuous physical testing or exertion, even if you wanted to?</i> | ___ | ___ |
| 10. <i>Do you have any allergies?</i> _____ | ___ | ___ |
| 11. <i>Are you in good physical shape and accustomed to vigorous exercise?</i> | ___ | ___ |

Other than question 11., if you answered YES to one or more of the above questions:

- (a) Consult with your personal physician. Explain which questions you answered "Yes" to on this questionnaire and show your physician this sheet.**
- (b) You will not be allowed to participate in the practical evaluation unless you present a written statement from your physician indicating that you are cleared to participate.**

Signature

Print Full Name

Date

**MILL BAY
FIRE DEPARTMENT
FIREFIGHTER MEDICAL EXAMINATION
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Surname: _____ Given names: _____

EXAMINING PHYSICIANS PLEASE NOTE

The medical examination to be performed is to determine if the applicant has maintained an acceptable level of fitness to perform as a firefighter and has not contracted any disabling disease or disability to prevent effective functioning as a firefighter.

The physician shall determine, using any testing procedures felt necessary, if the applicant is fit for active firefighting duties so that firefighters will **not** jeopardize themselves and other personnel that they may come in contact with while performing their duties. To function as a member of the Fire Department, it is essential that the applicant be physically and mentally fit to perform the many and varied duties of a firefighter.

The fee for the service of the physician for this examination is the responsibility of the applicant.

1. Height _____ Weight _____ B.P. _____ Posture _____

2. Vision: Without glasses R. 20/ _____ L. 20/ _____
 With glasses R. 20/ _____ L. 20/ _____

3. Hearing: R. _____ L. _____

4. Oral hygiene: Good Fair Poor

5. History of previous illness: _____

6. Is there any evidence of:

	YES	NO		YES	NO
1. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	8. Infectious Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
2. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	9. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
3. Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	10. Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
4. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	11. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
5. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	12. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
6. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	13. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
7. Back trouble	<input type="checkbox"/>	<input type="checkbox"/>	14. Respiratory trouble	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify.

7. Details of any physical impairment. (Please be specific.)

8. Is this your first contact with the patient? YES NO

If no, how long have you treated the patient? _____

9. Does applicant have any nervous problems? YES NO

If yes, please specify. _____

10. Does applicant have any alcohol or drug problems? YES NO

If yes, please specify. _____

11. Is the applicant taking any regular medication? YES NO

If yes, please specify. _____

12. In light of your examination findings and the guidance of this form:

DO YOU CONSIDER THE APPLICANT PHYSICALLY AND MENTALLY CAPABLE OF PERFORMING THE DUTIES OF A FIREFIGHTER?

YES

NO

Date: _____

Signature of Physician

Physician: _____
Mailing Address: _____
City / postal code: _____
Telephone number: _____