

Name of Applicant: _____

Date:_____ Phone#:_____Email:_____

CHETWYND VOLUNTEER FIRE DEPARTMENT



FIRE FIGHTER APPLICATION PACKAGE



Fellow Citizen:

On behalf of the District of Chetwynd Volunteer Fire Department, we are committed to providing the most effective and most efficient fire protection for our area. You will find that participation as a volunteer member of our service will bring personal rewards and satisfaction, raise self-esteem and give you a tremendous sense of accomplishment for a job well done. It will also provide Chetwynd with a valuable service that has the potential to touch us all.

Service as a volunteer member of our Department requires a serious commitment and your decision to join us should not be made lightly – careful consideration should be made of the many factors associated with becoming a member of the Fire Department. This package has been developed to provide the information needed to help you understand this commitment and to assist you in making your decision.

Once you understand what is involved in being a volunteer member of our Department, we hope that you find that you are able to make the commitment we need. The service provided by our Fire Department is truly valuable to the citizen of Chetwynd and we hope you are able to contribute to our public safety.

New applicants will be required to have a criminal record check, a medical examination and drivers abstract submitted to the Chetwynd Fire Department. Directions on obtaining the above are described further on in this package.

Thank you for considering volunteering as a fire fighter. If you have any questions, please contact one of the following:

Dan Golob
Fire Chief
Chetwynd Fire Department
250-556-4123

Laverne Norris
Deputy Chief
Chetwynd Fire Department
250-788-6061

**DISTRICT OF CHETWYND
VOLUNTEER FIRE DEPARTMENT**

PERSONNEL APPLICATION

NOTE: 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

TELEPHONE (h): _____ TELEPHONE (cell): _____

EMAIL: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

BIRTH DATE: _____ / _____ / _____ PERSONAL HEALTH #: _____
Year Month Day

BC MEDICAL #: _____

BC DRIVER'S LIC. #: _____ CLASS: _____

AIR: ☐ YES ☐ NO RESTRICTIONS: _____

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

You are required to supply a driver's abstract.

The procedure to obtain Drivers Abstracts is as follows:

- Attend at the BC Service Office and request a Drivers' Abstract.
- The attendant will provide one for you free of charge.

You can be denied entrance to the fire department if you have a record of careless driving or dangerous driving. Alcohol related incidents may bar you from entrance to the department.

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

➤ If yes, please explain: _____

A criminal record check is required.

The procedure to obtain a Criminal Record Check is as follows:

- Attend the Chetwynd RCMP with a stamped self-addressed envelope addressed to Chetwynd Fire Department, Box 357, Chetwynd, BC, V0C1J0 (Confidential: Chief).
- Produce photo identification and complete the police form at the RCMP office.
- The RCMP will mail their findings in the stamped self-addressed envelope.

You can be denied entrance to the fire department if you have a record of violence, theft or a criminal code offence involving a sexual offence.

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 qualification or courses: _____

Previous firefighting experience (where and when): _____

Previous first aid experience (where and when): _____

WORK EXPERIENCE:

Are you presently employed:

- | | |
|--|---|
| <input type="checkbox"/> full-time (more than 35 hours/week) | <input type="checkbox"/> student |
| <input type="checkbox"/> part-time (more than 25 hours/week) | <input type="checkbox"/> unemployed |
| <input type="checkbox"/> part-time (less than 25 hours/week) | <input type="checkbox"/> other (please explain) |
| <input type="checkbox"/> self-employed (please explain) | |

Present Employer: _____ Occupation: _____

Is your job site within the fire protection area: ☐ YES ☐ NO

Would your employer 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 yes, please explain hours/days of work: _____

Are you normally available to respond to daytime emergencies (Monday to Friday, between the hours of 7:00 a.m. and 6:00 p.m.)?

- ☐ 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 the Fire Department?

NEXT OF KIN:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE (h): _____ TELEPHONE (cell): _____

EMAIL: _____

REFERENCES:

Please provide two references not related to you:

1. Name: _____
Address: _____
Telephone: _____

2. Name: _____
Address: _____
Telephone: _____

=====

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 designate.

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.

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

I hereby give consent to the District of Chetwynd to conduct verification of the information given, as required.

Signature

Date

**DISTRICT OF CHETWYND
VOLUNTEER FIRE DEPARTMENT**

**APPLICANT'S PRACTICAL EVALUATION READINESS QUESTIONNAIRE
(CONFIDENTIAL WHEN COMPLETED)**

This questionnaire is designed as a condition to the rigorous physical fitness requirements for Fire Department applicants.

A medical examination is required (cost will be covered by the District of Chetwynd).

The procedure to obtain a medical examination is as follows:

- Attend the Chetwynd Medical Clinic with the form provided.
- Please instruct the receptionist to bill the District of Chetwynd, Chetwynd Fire Department, Box 357, Chetwynd, BC, V0C1J0 with a copy of the completed medical form.

You can be denied entrance to the fire department if you have a medical record which would handicap physical activities at practices or at calls.

	YES	NO
1. <i>Have you ever been bothered by shortness of breath?</i>	_____	_____
2. <i>Have you ever had frequent bouts of respiratory problems, such as Asthma or pneumonia?</i>	_____	_____
3. <i>Do you have 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 is or may be aggravated by 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



**Office of the Fire Chief
Chetwynd Fire Department**

Date: _____, 2021

Re: Volunteer Firefighter Criminal Record Check

To Whom It May Concern,

This letter is a request for _____ to receive a Criminal Records and Vulnerable Sector check. This person is applying for a volunteer firefighter position with the Chetwynd Fire Department and has my authorization to do so. Please call me if you have any questions.

Sincerely,

Dan Golob

Dan Golob
Fire Chief,
Chetwynd Fire Department
Phone (250) 788-2424 Cell (250) 556-4123
Email: dgolob@gochetwynd.com



Chetwynd Fire Department Medical Examination Physician's Report

1. The fees for the service of the physician can be covered by the District of Chetwynd
2. Please attend the Chetwynd Medical Clinic with this form provided
3. Please instruct the receptionist to bill the District of Chetwynd, Chetwynd Fire Department, Box 357, Chetwynd BC. V0C 1J0
4. It is essential that the applicant be physically and mentally fit to perform the various duties of a Fire Fighter
5. While it is not the intention of the Chetwynd Fire Department to appear restrictive, it is an essential requirement of the National Fire Protection Association that a good standard of physical and mental fitness be maintained in accordance with NFPA 1583

Name (Last):		(First):		(Middle):		Sex M/F:		Dates of Examination:	
Address:				City:				Birth Date (D/M/Y):	
Postal Code:						Phone Number			
Email:						Cell Number:			
Occupation:						Date of Last Exam:			
Height (cm)	Weight (kg)	Hearing	R: L:		Urinalysis	Normal	Abnormal		
Temp	Pulse Rate		Blood Pressure			Blood Type			
Vision	Uncorrected		Corrected			Colour vision			
						Peripheral			
Distant	RE 20/	BOTH	LE 20/	RE 20/	BOTH	LE 20/			
Near	RE 20/	BOTH	LE 20/	RE 20/	BOTH	LE 20/			
Cardiovascular:		Normal	Abnormal	ECG:		Normal	Abnormal		
History of previous illness/injury/surgery:									
Are there any physical or mental disabilities that could prevent the applicant from performing Fire Fighting duties?									
YES NO									
If yes – Note Disability:									

Signature _____ MD

Printed _____ MD

Dated _____

NOTE TO PHYSICIAN

Please mail the completed form to: Fire Chief
Chetwynd Fire Department
Box 357, Chetwynd, BC V0C 1J0