



CITY OF COLWOOD FIRE DEPARTMENT

"Proudly Serving our Community Since 1946"



APPLICATION FOR VOLUNTEER FIREFIGHTER

Notice of Collection of Personal Information

Personal information requested on this form is collected under Section 26 of the *Freedom of Information and Protection of Privacy Act* as part of the application process for volunteer firefighter and for administration purposes. If you have questions about the collection of the information requested on this form, please contact Fire Chief Bryan Erwin, Colwood Fire Department located at 3215 Metchosin Road, Colwood, B.C., V9C 2A4 Telephone: 250-478-8321.

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

CIRCLE ONE

8. Do you currently live within the City of Colwood? If 'Yes' please indicate how long you plan to live in Colwood? _____ If 'Yes' how long have you lived in Colwood? _____	YES	NO
9. Are you 19 years of age or older?	YES	NO
10. Do you believe you are free of medical conditions that may preclude your participation as a Volunteer Firefighter?	YES	NO
11. Have you obtained a criminal record check within the past 6 months? (Note: If you have a criminal record you will be asked to provide details)	YES	NO
If you do not have a recent criminal record check document please do not proceed with requesting one until asked to do so.		
12. Do you have a valid B.C. Driver's Licence? If 'Yes' please attach an abstract and a photocopy of your Driver's Licence. If you have ever had your licence suspended, please attach a note with an explanation.	YES	NO
13. Do you have a valid B.C. Air Brake Endorsement? If 'Yes' please attach an abstract and a photocopy of your Driver's Licence.	YES	NO

SECTION C: AVAILABILITY

14. Are you willing and able to participate in a <u>minimum</u> of 2.5 hours of weekly practice and maintain a <u>minimum</u> annual attendance rate of 70% or greater?	YES	NO
15. Are you willing and able to participate in the occasional weekend training program?	YES	NO
16. Do you understand that in order to be available for emergency call-outs that you must be able to arrive at the Fire Station promptly and have abstained from alcohol and drugs for the previous 12 hours?	YES	NO
17. Are you willing and able to retain and wear an emergency pager so that if available you could respond to emergencies 24 hours per day, seven days per week, 365 days per year?	YES	NO
18. Please place a check mark next to the times that you are <u>in Colwood</u> and available to respond to emergencies:		
Monday to Friday	<input type="checkbox"/> Midnight to 6 AM	<input type="checkbox"/> 6 AM to 6 PM
Saturday and Sunday	<input type="checkbox"/> Midnight to 6 AM	<input type="checkbox"/> 6 AM to 6 PM
19. Please place a check mark next to the average amount of time that you are willing and able to spend on a weekly basis on firefighting related activities? (For example: practice sessions, participation in courses, self-study, public events and fire/rescue responses)		
<input type="checkbox"/> 2 hours or less	<input type="checkbox"/> 2-4 hours	<input type="checkbox"/> 4-6 hours
20. 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 (Please explain)		

SECTION D: EMPLOYMENT

21. Are you currently employed or retired? (Circle one)	Employed	Retired
22. Do you currently work in Colwood or within the West Shore area?	YES	NO
23. Are you a shift worker? (If 'Yes' please describe your shift schedule below):	YES	NO
24. Is your place of employment located in Colwood? If 'Yes', are you available for emergency call-outs during your hours of work? If you are available for emergency call-outs, please provide the name and address of your employer(s) below:	YES YES	NO NO

SECTION D: EMPLOYMENT (cont'd)

25. Have you attached a current resume?

YES

NO

SECTION E: EDUCATION AND TRAINING

26. What is the highest grade that you have completed?

27. Do you have any post secondary education?

If 'Yes' please describe below:

YES

NO

28. Please place a check mark next to any of the following training that you have completed, briefly explain the training and attach photocopies of current certificates:

☐ **Firefighting** *(Explain)*

☐ **Rescue** *(Explain)*

☐ **First Aid** *(Explain)*

☐ **Other** *(Explain)*

SECTION F: PERSONAL ATTRIBUTES

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 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
32. 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
33. 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
34. 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
35. 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
36. 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
37. 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
38. I am very interested in becoming a member of the Colwood Fire Department and am confident that my behavior is consistent with the firefighter's public image (Example: 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

39. Are you willing to participate in the mandatory medical check required of potential volunteer firefighters?	YES	NO
40. 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 (<i>dexterity</i>) test as part of the selection process?	YES	NO
41. 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>)	YES	NO

SECTION H: DISABILITIES

42. Do you have any disabilities that may require accommodation?
(If 'Yes' please attach a note to explain)

YES

NO

SECTION I: REFERENCES

43. Is it permissible for fire station personnel to contact your current employer as a reference? If 'No', please explain:

YES

NO

Please provide three references.

Your references should have known you for at least three years and not be related to you.

44. REFERENCE #1

FIRST NAME:

LAST NAME:

TITLE and COMPANY NAME: (If a previous employer)

ADDRESS: (Number, street, city, province, postal code)

PHONE:

CELL PHONE:

EMAIL ADDRESS:

RELATIONSHIP TO YOU:

45. REFERENCE #2

FIRST NAME:

LAST NAME:

TITLE and COMPANY NAME: (If a previous employer)

ADDRESS: (Number, street, city, province, postal code)

PHONE:

CELL PHONE:

EMAIL ADDRESS:

RELATIONSHIP TO YOU:

46. REFERENCE #3**FIRST NAME:****LAST NAME:****TITLE and COMPANY NAME:** *(If a previous employer)***ADDRESS:** *(Number, street, city, province, postal code)***PHONE:****CELL PHONE:****EMAIL ADDRESS:****RELATIONSHIP TO YOU:****SECTION J: SIGNATURE****PLEASE READ CAREFULLY BEFORE SIGNING:**

I understand that the personal information contained on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act*, and will be used only for the purpose for which that information was obtained or complied, or for a use consistent with that purpose. I also understand that my application for volunteer firefighter will be held current for 18 months after which time it will be destroyed, unless I have been successfully recruited by the Fire Department.

*Signature:**Date:***SECTION K: ATTACHMENTS CHECKLIST**

- ☐ CURRENT BC DRIVER'S LICENCE, CLASS 5 ABSTRACT WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE
- ☐ CURRENT BC DRIVER'S LICENCE, CLASS 3 ABSTRACT WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE (IF APPLICABLE)
- ☐ IF YOU HAVE EVER HAD YOUR DRIVER'S LICENCE SUSPENDED, PLEASE ATTACH A NOTE TO EXPLAIN
- ☐ CURRENT CRIMINAL RECORD CHECK (SEE PAGE 1 FOR DETAILS)
- ☐ YOUR RESUME
- ☐ CURRENT CERTIFICATES FOR FIREFIGHTING, RESCUE OR FIRST AID TRAINING
- ☐ INFORMATION REGARDING ANY DISABILITIES THAT YOU HAVE THAT MAY REQUIRE ACCOMMODATION

Thank you for applying for Volunteer Firefighting with the Colwood Fire Department. Should you have any questions or concerns about your application or the recruitment process please contact :

BRYAN ERWIN**FIRE CHIEF****Telephone: 250-478-8321****Email: berwin@colwood.ca**