

QUESNEL VOLUNTEER FIRE DEPARTMENT



FIRE FIGHTER APPLICATION PACKAGE

Fellow Citizen:

On behalf of the City of Quesnel 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 Quesnel with a valuable service that has the potential to touch us all.

Service as a volunteer member of our Department requires a serious commitment, however, your decision to join us should not be made quickly -- 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 citizens of Quesnel and I hope you are able to contribute to our public safety.

If you have any questions, please feel free to call us during regular working hours at 992-5121.

Thank you for considering us, we look forward to your favourable reply.

Sylvain Gauthier
Fire Chief
Director of Emergency Services
City of Quesnel Volunteer Fire Department

Roger Knorr
Training Manager
City of Quesnel Volunteer Fire Department

CITY OF QUESNEL
VOLUNTEER FIRE DEPARTMENT

PERSONNEL APPLICATION
ONLY SUCCESSFUL CANDIDATES WILL BE CONTACTED

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

E-MAIL ADDRESS: _____

BC DRIVERS LIC #: _____ CLASS: _____ AIR? YES ___ NO ___ RESTRICTIONS: _____
Drivers Abstract – Service B.C. (Govt Agent) office – you need to request this and drop off @ Fire Dept

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 ___ (**Criminal Record and Sexual Offence Declaration with letter and stamped envelope attached – You need to drop this off @ RCMP**)

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?

NEXT OF KIN

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE (work): _____ (home): _____

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.

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

I hereby give consent to the City of Quesnel to conduct verification of the information given, as required.

SIGNED: _____ DATE: _____

**CITY OF QUESNEL
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.

- | | 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

APPLICATION

THE QUESNEL VOLUNTEER FIREFIGHTERS ASSOCIATION

The **Quesnel Volunteer Firefighters Association** is comprised of all present and many retired firefighters. As you are applying to become a trainee in the Quesnel Volunteer Fire Department, at the same time, your name will be presented to the members of the Association at their next regularly scheduled monthly meeting. When you are accepted as a trainee in the fire department **and** a **probationary** member of the Association, you will be welcome to participate in the social and benevolent functions of the Association and subject to membership guidelines.

Once you have successfully completed training you will be voted into the Association and be asked that you:

- a) Attend the monthly meeting, regularly held on the second Tuesday of each month at 7:00 pm
- b) Pay yearly dues of \$4.00 each October to the Association Secretary.
- c) Enjoy a variety of Social events throughout the year for you, and/or your partner, and/or family.
- d) Assist from time-to-time with Association fundraisers for local charitable projects and nationally for Muscular Dystrophy.
- e) Participate in various “challenges” during the year. Perhaps you will win a small prize, get your name on a trophy, and earn points towards a year-end dinner for you and your partner.

The **Monthly Meeting** gives members the opportunity to make suggestions, propose ideas, vote and interact with all active firefighters and past firefighters. By attending on a regular basis you’ll know and share first-hand, the business of the Association, hear what each committee is doing, share input in proposed events and social functions, fundraisers and various other items that are dealt with at the monthly meeting. You might choose to let your name stand for a position within the Association at the October Annual meeting and elections.

PLEASE TELL US A LITTLE ABOUT YOURSELF:

Name _____

Address _____

Partner's name _____

Children's ages (if any) _____

Telephone # _____ Cell # _____ E-Mail _____ Fax _____

Occupation _____

Work Place _____

Which other organizations or clubs do you belong to? _____

Special Interests or Hobbies?

(Signature)

(Date)

If and when you complete your training and are accepted into the **Quesnel Volunteer Firefighters Association**, be proud of your accomplishment into an organization that has been in existence since 1942.