



CHERRY GROVE STATION # 10



APPLICATION FOR VOLUNTEER FIREFIGHTER

SECTION A: NAME AND CONTACT INFORMATION			
First Name:		Last Name:	
Home Address: <i>(Number, Street, City, Province and Postal Code)</i>			
Home Phone:		Cell Phone:	Cell Phone Carrier:
Email Address:			
Please tell us how you heard about the Volunteer Fire Department <i>(Select all that apply)</i> :			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Recruitment Poster	<input type="checkbox"/> BRFA Webpage	<input type="checkbox"/> BRFA Firefighter
<input type="checkbox"/> Word of Mouth	Other (Specify):		

SECTION B: BASIC REQUIREMENTS		
Do you currently reside within the Cherry Grove Area of the M.D. of Bonnyville?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you legally entitled to work in Canada?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you 18 years of age or older?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a current Alberta non-restricted driver's license? If so what class? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION C: AVAILABILITY		
Are you willing and able to participate in a minimum of one 2.0 hour practice session every week and maintain a minimum annual attendance rate of 50% or greater?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that in order to be available for emergency call-outs, you must be able to arrive at the Fire Hall promptly with neither alcohol nor illicit drugs in your body system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



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Are you willing and able to retain and wear an emergency pager and respond to emergencies 24 hours per day, seven days per week, 365 days per year?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing and able to participate in the occasional weekend training program?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please place a check mark next to the times that you are in the Cherry Grove area and available to respond to emergencies:			
MONDAY TO FRIDAY:	<input type="checkbox"/> Midnight to 6 am	<input type="checkbox"/> 6 am to 6 pm	<input type="checkbox"/> 6 pm to midnight
SATURDAY AND SUNDAY:	<input type="checkbox"/> Midnight to 6 am	<input type="checkbox"/> 6 am to 6 pm	<input type="checkbox"/> 6 pm to midnight
Please place a check mark next to the average amount of time you are willing and able to spend on a weekly basis on firefighting related activities (<i>Example: practice sessions, participation in courses, self-study, public events and fire/rescue response</i>):			
<input type="checkbox"/> 2 Hours or less	<input type="checkbox"/> 2 – 4 Hours	<input type="checkbox"/> 4 – 6 Hours	<input type="checkbox"/> 6+ Hours
Please place a check mark next to your primary means of transportation to and from the Fire Hall:			
<input type="checkbox"/> Walking / Running	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Drive own vehicle	<input type="checkbox"/> Other (<i>Explain</i>)

SECTION D: EMPLOYMENT		
Are you currently employed or retired?	<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> RETIRED
Are you a shift worker? <i>If yes, please describe your shift schedule:</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your place of employment located within the Cherry Grove area or the M.D. of Bonnyville? or Other _____	<input type="checkbox"/> CHERRY GROVE	<input type="checkbox"/> M.D.
Are you available for emergency call-out during your hours of work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION E: EDUCATION AND TRAINING
What is the highest grade that you have completed?



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Do you have any post-secondary education?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please place a check mark next to any of the following training you have completed, and attach photocopies of current certificates:			
<input type="checkbox"/> FIREFIGHTING	<input type="checkbox"/> RESCUE	<input type="checkbox"/> FIRST AID	<input type="checkbox"/> OTHER

SECTION F: WILLINGNESS		
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 test as part of the selection process?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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 sideburns are acceptable as long as they don't affect the seal</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION G: REFERENCES		
Is it permissible for the Fire Hall Personnel to contact your current employer as a reference? <i>* If no, please explain.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO



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Please provide three references that have known you for at least three years, and are not related to you, I.E.
Employer, Teacher, firefighter, ect. :

REFERENCE # 1

First Name	Last Name
Title	Company Name <i>(if a previous employer)</i>
Address <i>(Number, Street, City, Province, Postal code)</i>	
Phone:	Cell Phone:
Email Address:	Relationship to you:

REFERENCE # 2

First Name	Last Name
Title	Company Name <i>(if a previous employer)</i>
Address <i>(Number, Street, City, Province, Postal code)</i>	
Phone:	Cell Phone:
Email Address:	Relationship to you:

REFERENCE # 3

First Name	Last Name
Title	Company Name <i>(if a previous employer)</i>
Address <i>(Number, Street, City, Province, Postal code)</i>	
Phone:	Cell Phone:
Email Address:	Relationship to you:



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SECTION H: SIGNATURE

Please read carefully:

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.

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

I hereby give consent to the Bonnyville Regional Fire Authority to conduct verification of the information given, as required.

SIGNATURE	DATE
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* Note: All applications are held on file. Should information change on your application, please stop in and update your application. We appreciate your interest in our Department.

SECTION I: Documents Required upon Hiring

- Current Alberta Driver's License abstract
- Vulnerable Sector Criminal Record Check

SECTION K: OFFICE USE ONLY

DATE RECEIVED: