



VOLUNTEER FIREFIGHTER APPLICATION FORM
District of Coldstream Fire Department

www.coldstream.ca

Please select which fire hall you are applying to:

Coldstream

Lavington

The personal information on this form is collected under the authority of s.26 of the Freedom of Information and Protection of Privacy Act. This information will be used for the purpose of determining the suitability of applicants for the position of volunteer firefighter. If you have any questions on the collection of personal information, please contact the Protective Services Coordinator at the District of Coldstream at 250-545-5304.

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.

SECTION A: PERSONAL INFORMATION

Last Name:		Given Name(s):	
Street Address:	City:	Postal Code:	
Mailing Address (if different):	City:	Postal Code:	
Phone:	Email Address:		

SECTION B: BASIC REQUIREMENTS

Are you legally entitled to work in Canada? <i>(To work in Canada you must have one of the following: Canadian Citizenship, Immigrant status with authorization to work)</i>	Yes	No
Do you currently live within the District of Coldstream	Yes	No
Are you 19 years of age or older?	Yes	No
Do you possess a valid BC Class 5 Unrestricted Driver's License and a good driving record?	Yes	No
Do you have a current BC Class 3 or greater Driver's License with Air Brake endorsement?	Yes	No
Do you understand that applicants will be required to provide a Driver's License Abstract and a Criminal Record Check for Vulnerable Sector?	Yes	No
Do you believe you are free of medical conditions that may preclude your participation as a volunteer firefighter?	Yes	No
Are you willing to participate in a medical check required of potential volunteer firefighters?	Yes	No
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?	Yes	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 side burns are acceptable as long as they don't affect the seal)</i>	Yes	No



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SECTION C: AVAILABILITY

If accepted by the Fire Department, you will be required to attend regular Tuesday night practices (approximately 7:30PM to 9:30PM). Can you meet this requirement?	Yes	No
Do you understand that in order to be available for emergency call-outs, you must be able to arrive at the fire station promptly and have abstained from alcohol and drugs for the previous 8 hours?	Yes	No
Are you willing and able to retain and wear an emergency pager and respond to emergencies?	Yes	No
Are you willing and able to participate in the occasional weekend training program?	Yes	No

SECTION D: SKILLS AND EXPERIENCE

Experience: Please indicate if you have any of the following skills or training:

First Aid Certificate/CPR/AED (date last taken):

Previous Emergency Volunteer Experience - Explain:

Previous Firefighter Experience – Explain:

Skilled Trade:

Other (Describe):

SECTION E: REFERENCES (Preferably from current or previous employers)

Please provide two references that are not related to you.

Last Name:	First Name:
Company:	
Phone Number:	
Last Name:	First Name:
Company:	
Phone Number:	

SECTION F: DECLARATION OF APPLICANT

I certify that all the information submitted in this application is truthful and correct. I understand that if I provide information in connection with my application which is found to be untrue or incomplete, my application may be rejected and I may be subject to discipline up to and including termination if I am hired as a successful applicant.

Date:

Please submit this application form to hr@coldstream.ca