



Berwick & District Volunteer Fire Department Application for Volunteer Firefighter

General Information: This Application for Volunteer Firefighter is to be used when seeking a position as a volunteer firefighter with the Berwick & District Volunteer Fire Department. In order to be eligible to begin this process, you must meet the minimum qualifications. References will be requested.

Instructions: Please provide the information requested on this form. Incomplete applications or those submitted without all requested documentation will not be considered. Please type or print. Help in completing this application is available. Please request aid, if required, by phoning 848-6355. If a section or question does not apply to you, leave it blank.

Personal Information:		Office Use Only Badge No:
First Name	Initial	Last Name
Address: Street/PO Box/Rural Route Apt. Number City/Town Province Postal Code		
Telephone: Home	Work	Cell
Email address:		

Coverage Area consideration: (In order to qualify as a volunteer firefighter you must live in the Berwick & District coverage area.)
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Availability: Please check off the days/hours that you would most likely be available to respond as a volunteer firefighter:						
<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<input type="checkbox"/> 8 am - 5 pm	<input type="checkbox"/> 5 pm - midnight	<input type="checkbox"/> midnight - 8 am	<input type="checkbox"/> Other			
Will your employer allow you to leave work to attend calls? If so how is it done?						

Position applied for: this is a list of general requirements not an all inclusive list.

Structural Firefighter: must be 19 years of age or older, physically fit, able to obtain level 1 Firefighter or equivalent training, have a valid driver's license and a clean criminal abstract.

Support Services: (Fire Police, Dispatch, Portable Pump, etc.) must be 19 years of age or older, able to perform the task, a clean criminal abstract and may require a valid driver's license.

Junior Firefighter: The applicant must be 16 years of age but no older than 19. (At age 19 Junior Firefighters must submit an application for full member status). Have a letter from the both Parents and guardian stating their approval of the application. This letter is to be signed, dated and witnessed by at least one member of the Executive. Letter is to be attached to this application. Must be physically fit, able to participate in level 1 Firefighter equivalent training.



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Qualifications:		
Do you have Grade 12 or equivalent education?	<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 clean criminal record or you have been granted a pardon for a criminal offense for which you were convicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have 20/30 corrected vision with color and peripheral vision acceptable for the occupation of firefighter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have normal unaided hearing - hearing thresholds no greater than 30 decibels in each ear at 500Hz, 1000 Hz and 2000 Hz and no significant loss in higher frequencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have 20/30 corrected vision with color and peripheral vision acceptable for the occupation of firefighter?	<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 able to understand and communicate clearly in English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you, and will you remain a non-smoker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached proof of a current motor vehicle operator's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to provide: A driver's abstract that demonstrates responsible and safe driving behavior, with a record of no more than 4 points (Nova Scotia Department of Motor Vehicle standard)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to provide: A security clearance showing that no criminal record exists or is pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education: High School and or Post Secondary Type of School Name of School Location (mailing address, phone #) #of Years attending.

Employment History: Please list your work experience beginning with your most recent job held. If you were self-employed, give the business's name. Attach additional sheets if necessary	
Name of Employer	
Address	
Phone Number	Name of Supervisor
Employment dates From/To:	Your job title
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this organization.	



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Emergency Services related Skills: Please check off your skills.	
Have you ever been a member of the Fire Service? If so please provide the following:	
Name of Department	
Address	
Phone Number	Name of Chief
Employment dates From/To:	Your highest rank:

Have you ever been a member of any other Emergency Service? If so please provide:	
Name of Service	
Address	
Phone Number	Name of Chief Executive Officer
Employment dates From/To:	Your rank

Other Skills

<input type="checkbox"/> Level one Firefighter	<input type="checkbox"/> Pump Operator	<input type="checkbox"/> Trade Skills such as Electrical Mechanical or Construction
<input type="checkbox"/> Hazmat	<input type="checkbox"/> High Angle Rescue	
<input type="checkbox"/> First aid (indicate highest level)		
<input type="checkbox"/> Other not listed		

Work Related References: Name Address Phone No
1.
2.
3.



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Application for Volunteer Firefighter

Code of Ethics for Firefighters

- ✦ I fully realize and accept the responsibility of being a volunteer firefighter, and shall perform the duties assigned to me.
- ✦ I shall respond promptly to all alarms of fire.
- ✦ I will obey the orders of the Officer in charge.
- ✦ I shall do my share of the work that is required in loading hose, cleaning apparatus and equipment.
- ✦ I shall report to the Fire Hall immediately after each call in order to help put the equipment and apparatus in shape for the next call.
- ✦ I shall do my work at fire and drills in a quick, orderly manner.
- ✦ I shall refrain from using profane or immoral language while working at fires and in and around the fire hall.
- ✦ I shall report for drills, practice earnestly and do my part in making our Fire department an efficient fire-fighting organization.
- ✦ I shall be loyal to my officers and my Department and shall conduct myself at all times in a manner that is in keeping with the responsibilities of a Firefighter.
- ✦ I shall remember that I am in the eyes of the public on and off duty, and shall conduct myself accordingly.
- ✦ If at anytime I feel that I cannot comply with the rules and regulations of the department, I shall voluntarily resign.

Declaration: *I certify* that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if any of this information is found to be untrue, this application may be rejected and if employed as a volunteer firefighter, false statements on this application shall be considered sufficient cause for dismissal. I have read and understand the Code of ethics for which I will support if accepted for membership.

Applicant signature:	Date:
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Office use only:

Referee Consideration	Signature of Referee and date:	<input type="checkbox"/> Recommend	<input type="checkbox"/> Reject
Executive Consideration	Signature of Executive and date:	<input type="checkbox"/> Recommend	<input type="checkbox"/> Reject
Membership Consideration	Signature of Chief and date:	<input type="checkbox"/> Accept	<input type="checkbox"/> Reject



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Please complete to determine your physical condition to participate in the Physical Ability Test.

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the past month, have you had chest pain when you are not doing physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to any of the above questions, please contact the Department at 848 6355 to arrange a Medical Examination.

I have read and understand the physical effort which the Physical Ability Test involves.
I am physically capable of participating in this test.
I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of participating in the Candidate Physical Ability Test.
I voluntarily participate as part of my application to become a volunteer firefighter.

NAME: _____

DATE: _____

SIGNATURE: _____

WITNESS: _____

PARENT/GUARDIAN: _____
 _____ (IF UNDER 19)

EMERGENCY CONTACT: _____ **PHONE #:** _____

Please submit completed applications to:
Berwick & District Volunteer Fire Department
 Mailing Address: P.O. Box 31
 Berwick, B0P 1E0

Or

Hand deliver to the Fire Station or the Berwick Town Hall: