



VIEW ROYAL FIRE RESCUE

333 Island Highway Victoria, BC V9B 1G9
Phone: 250-479-7322 Fax: 250-479-7395

APPLICATION FOR VOLUNTEER FIREFIGHTER

PERSONAL INFORMATION

Surname: _____ First Name: _____ Initials: _____

Home Address: _____

Phone Number: _____

Date of Birth yyyyymmdd _____ (must be 19 years of age minimum)

Education (Highest Grade completed) _____ Additional Education _____

Drivers License Number: _____ Class & Restrictions: _____

Social Insurance Number _____ Personal Health Number _____

Health: Average Good Excellent

EMPLOYMENT INFORMATION

Are you legally entitled to work and reside in Canada: _____

Employed by: _____ Phone Number: _____

Address of Employer: _____

Position Held: _____ Employer Contact: _____

How long have you worked there? _____

Normal hours of work: _____ Days Afternoons Evenings

Shift worker Yes No Regular Days off: _____

Assessment Questions:

1. Have you ever had your driver's license suspended? Yes No

If yes explain. _____

2. Please indicate which one best describes your residence in View Royal:

Own a home Rent Board Live at home

3. How long have you lived in View Royal? _____

4. Have you ever had a Workers' Compensation Board Claim of any kind?

Yes No, if yes please explain. _____

5. Have you ever been convicted of any offense under the Criminal Code of Canada?

Yes No, if yes please explain. _____

6. Do you have any impairment that would affect your ability to perform functions associated with Fire Suppression and Rescue operations?

Yes No, if yes please explain. _____

What other groups, organizations or activities are you presently involved in?
(Ball, Service Groups, Hockey, other)

Will any of these other commitments affect your ability to attend Thursday night drill sessions?

Yes No, if yes please explain.

Other information:

What skills, education or experience relevant to firefighting do you have? _____

PERSONAL REFERENCES:

Name:
Address:
Phone Number:

Name:
Address:
Phone Number:

Applicants must provide:

- Original Driver's Profile of driving record from ICBC, current as of application date
- Doctors Certificate of fitness to perform duties
- 2 Reference Letters
- Completed criminal background check by the West Shore RCMP
- Resume

I HAVE READ THIS APPLICATION FORM AND THE INFORMATION SUPPLIED IS CORRECT. PERMISSION IS HEREBY GRANTED TO CONDUCT ANY INVESTIGATION (including both criminal record checks or driver's license violation checks) THAT MAY BE REQUIRED RELATING TO MY APPLICATION.

Date: _____ **Signature:** _____

NOTE: All applications are held on file for a period of six months. Should any information change affecting your application, forward all relevant documentation to the Office of the Fire Chief to update your file.

Only selected candidates will be contacted for advancement in the hiring process.