

# **FIRE FIGHTER APPLICATION PACKAGE**

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**QUESNEL VOLUNTEER FIRE DEPARTMENT**





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 can 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.

Ron Richert, Fire Chief  
Director of Emergency Services  
City of Quesnel Volunteer Fire Department

Bart Schneider  
Training Manager  
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.

First Name:		Last Name:	
Telephone (Home):		Telephone (Work):	
Street address:			
Mailing address:			
Postal code:	Birth Date:	Personal Health #:	
Email address:			
BC Drivers Licence #:	Class:	Air?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driving restrictions:	Do you have your own vehicle for transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Citizenship:	How long have you lived in the Quesnel area?		
Do you have any phobias? (heights, enclosed spaces etc): <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, 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:	<input type="checkbox"/> Yes <input type="checkbox"/> 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)       part-time (more than 25 hours/week)  
 part-time (less than 25 hours/week)       student  
 self-employed (please explain):  
 other (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 yes, explain: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_

## REFERENCES

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (work): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (work): \_\_\_\_\_



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.

Signature:

Date:



# 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
Have you ever been bothered by shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had frequent bouts of respiratory problems, such as influenza, asthma or pneumonia?	<input type="checkbox"/>	<input type="checkbox"/>
Have you any back problems that would prevent you from lifting heavy objects?	<input type="checkbox"/>	<input type="checkbox"/>
Has your Doctor ever said you have heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often feel faint or have spells of severe dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you frequently have pains in your heart or chest?	<input type="checkbox"/>	<input type="checkbox"/>
Has a Doctor ever said your blood pressure was too high?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any good reason not mentioned here why you should not undergo strenuous physical testing or exertion, even if you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies? List:	<input type="checkbox"/>	<input type="checkbox"/>
Are you in good physical shape and accustomed to vigorous exercise?	<input type="checkbox"/>	<input type="checkbox"/>

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.

Full name:

Signature:

Date:



## The Quesnel Volunteer Firefighters Association

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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.

If 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.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Partner's name: \_\_\_\_\_

Children's ages (if any): \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work place: \_\_\_\_\_

What other organizations or clubs do you belong to: \_\_\_\_\_

Special interests or hobbies: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_