

NEW MEMBER APPLICATION FORM



Bella Coola Volunteer Fire Department

NB: asterisk (*) indicates that this answer is mandatory

Name *: _____ Date of Birth *: _____

Phone: _____ Cell: _____ E-mail *: _____

Address: _____

Emergency Contact Name *: _____ Phone *: _____

1) The nature of this position involves carrying a handheld radio to be alerted to emergencies, and a personal cell phone as backup. Firefighters are expected to respond to emergency call-outs when available.

Are you willing to carry a hand-held radio and your cell phone when you are available? * Yes

2) Are you willing to attend practice and training sessions on a regular basis? *
Practice is scheduled once a week, approx. two hours in length. Training sessions from outside organizations are held as-needed, or as-available. Requirements for attendance are outlined in the department's Operational Guidelines. Yes

3) First Aid Certification Level/Type
Must be current. If you do not have one already, are you willing to obtain certification? * Yes

4) Do you have any medical or psychological conditions that may currently affect your ability to perform any role as a firefighter? If YES, then describe briefly below. This will not disqualify you from consideration, but can affect which tasks you may be assigned to. *

5) List any training or certifications that you believe would be relevant to volunteering, directly or indirectly, or that could contribute to operations and maintenance. Firefighting related certificates should be listed first.

6) What is your normal availability or work schedule?

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- 7) Are you able to leave work to respond to an emergency? (Not required) Yes
If yes, enter employer and work contact info: _____
- 8) Have you been convicted of a criminal offence for which you have not been pardoned? * Yes No
- 9) Do you give your consent for a criminal record check? *: Yes
- 10) Are you willing to provide a recent driver's abstract([obtain here](#))? *: Yes
- 11) Are you willing to provide your resume/CV if requested*? Yes
- 12) Are you willing to provide character and/or work references if requested*? Yes

Acknowledging Statements (Must check YES to be considered)

- a) I understand that the application period is 12 months, during which you may be dismissed by the Fire Chief at any time, for any reason. * Yes
- b) I understand that I must attend practice and training sessions, as written in the Operational Guidelines, to maintain membership or applicant status with the department. * Yes
- c) I certify that the information given on, or attached to, this application is correct to the best of my knowledge. I understand that any falsification of statements, misrepresentation, deliberate omission, or concealment of information may be cause for immediate dismissal. * Yes
- d) I understand the information provided in this form will be used to assess my suitability for the volunteer position of firefighter. * Yes
- e) I understand that all equipment issued by the department is property of the department and must be relinquished if requested. Failure to do so may result in replacement penalty. * Yes
- f) If my request for membership is approved, I agree to serve the public diligently in my duties as a firefighter, and to adhere to and comply with all policies, procedures, guidelines, directives and by-laws relating thereto. * Yes

Before signing, please ensure you have answered all questions marked in bold or your application may not be considered complete. Your information will not be shared with anyone else, excepting the Central Coast Regional District and basic details (ie name, address and contact info) with WorksafeBC.

It is STRONGLY encouraged to familiarize yourself with the department Operational Guidelines, as you are required to follow the guidelines at all times when serving as a department applicant or member. The guidelines are available at the department, or request a digital copy be sent to you.

Personal information on this Volunteer Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (3.1). It will be used to determine your suitability, eligibility or qualifications for volunteerism. Questions about the use or collection of this information should be directed to the Fire Chief.

Applicant Signature: _____ Date: _____

Once complete, please submit to BellaCoolaFD@gmail.com