









# **Application for the Position of Volunteer Firefighter**

	Candidate Information			
Last Name:	Given First:	Initials:		
Address:				
City:	Province:	Postal Code:		
Mailing address: (if different from above)				
Home Phone #	Business Pho	ne#		
Cell Phone #	Email Address	3		
Employment Requirements				
✓ Be a minimum of 18	3 years old			
✓ Currently posses a valid driver's license class license (minimum G class)				
✓ First Aid Certificate (HCP Level C required)				
$\Box$ I understand that during the recruitment process, the completion of a medical form will be requested and signed by my Physician in order to participate in the physical testing. I agree that I can meet these terms.				
$\Box$ I understand that a satisfactory driver's abstract and vulnerable sector check will be required as a condition of employment.				
Please attach Resume ar	nd complete any missing informatio	on below.		

Attach additional pages as needed.

# **Education**

1111	Oakasi /V	amal Caba III C	allana / Hubranata
Name of Institution	High School / Vocational School / College / University  e of Institution		Major/Specialization
	Completed	Completed	
Cou	urses / Certifica	tes / Specialize	d Skills / Trades
	Description		Date
elevant Employment E	xperience		
Employer (Current / Most Recent)	From	То	Position Held
Address:			
Duties/Responsibilities:			
Employer	From	То	Position Held
Address:		,	
Duties/Responsibilities:			
Employer	From	То	Position Held
Address:		I	

#### **Other Related Experience**

Do you have previous firefighting experience? Yes [ (complete below) No [						
# of Years		Position		Employer		
Duties / Responsibil	ities					
# of Years		Position		Employer		
Duties / Responsibil	ities					
Do you hav	Do you have previous volunteer experience? Yes [ (complete below) No [					No 🗌
# of Years		Position		Employer		
Duties / Responsibil	ities					
# of Years		Position		Employer		
Duties / Responsibil	ities					

### **Related Skills**

Please complete this section even if a resume is attached. Please check the level of skill appropriate.

- 1. Some familiarity and competence.
- 2. Advanced or post-secondary courses.
- 3. Certificates or professional experience.

Skill		Level		
Skill	1	2	3	
Automotive Mechanic				
Lineman				
Electrical Systems				
Electronic Systems				
Radio Communications Systems				
Rescue Procedures (Canadian Red Cross, Canadian Red Cross, St. John Ambulance, etc.)				
Firefighting Practices and Terminology (Ontario Fire College or Community College, etc.)				
Pumps, Valves, Sprinkler Systems				

Building Trades or Inspection	Building Trades or Inspection				
Read Blueprints					
Scuba Diving					
Ice Water/Rescue					
Confined Space Rescue					
High Angle Rescue					
Urban Search and Rescue					
Hazardous Materials Response					
WHMIS					
Occupational Health and Safety					
Coaching/Teaching/Facilitation S	kills				
Athletic or Sports Skills					
Driving License and Skill					
Do you have a valid Driver's Licer	nce, in good standing?				
Yes	No 🗌	Identify Class:	•		
Have you had any experience or	training in driving heavy vel	hicles?			
Yes	No 🗌				
Yes Have you any other special drivin etc.)?		cident avoidanc	e, skid contro	ol,	
Have you any other special drivin		cident avoidanc	e, skid contro	ol,	
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Have you any other special driving etc.)?  Yes	No  we will sor training (e.g., according to leave your playour current employer located ble means of transportation	ace of work imited?	mediately wh	en	

## **Other Information**

Please provide any additional information or skills you feel may be pertinent to this position:				
References				
references (preferably contact for a reference	h the recruitment process, direct supervisors) and the . References cannot be fa tacting your references and	ir phone numbers that mily related to you. <i>Ple</i>	you agree we can ase note that we will	
Reference Name	Employer name	Email	Phone	
sufficient cause for can	nisrepresentation made by scellation of the application authorize the Fire Chief to deemed necessary.	, and if I have been em	ployed, for termination	
Date: Signature of Applicant:				
contacted. Personal inf 1990, c. M45 and, in ac Privacy Act, will only be Bay and the Towns of I environment. Accommo	s who apply, but only those formation is collected unde ccordance with Municipal Fe used for candidate select Midland and Penetanguish odation will be provided in it you require any accomm	r the authority of the M reedom of Information ion. The Townships of ene are committed to a all steps of the hiring p	unicipal Act, R.S.O. and Protection of Tay, Tiny and Georgian In inclusive, barrier-free rocess. Please advise	

and equally during the recruitment and selection process.











#### CONSENT WAIVER AND RELEASE FORM

TO: THE CORPORATION and the FIRE DEPARTMENT. WHEREAS the Corporation and the Fire Department require that applicants for the position of Volunteer Firefighter be examined. **AND WHEREAS** I, have submitted to the Corporation and the Fire Department, my signed application for the position of Volunteer Firefighter, and have been informed that I am required to be examined for this position and required to participate in a series of tests to demonstrate my strength, endurance and physical agility. **AND WHEREAS**, the procedures to be followed during the said examination and said series of tests to demonstrate my strength, endurance and physical agility and have been fully explained to me; NOW THEREFORE, I, for myself, my heirs, executors, administrators or assigns, hereby consent to and agree to be examined for the position of Volunteer Firefighter, and consent to and agree to participate in a series of tests to demonstrate my strength, endurance and physical agility and I for myself, my heirs, executors, administrators or assigns, hereby waive any and all claims against the Corporation and the Fire Department that I, my heirs, executors, administrators or assigns, or any of them now or hereafter can, shall, or may have, for, on account of, or because of any injury or damage that I may sustain because of, in connection with, or on account of said examination and said series of tests to demonstrate my strength, endurance and physical agility, and I, for myself, my heirs, executors, administrators or assigns, do hereby remise, release and forever discharge the Corporation and the Fire Department from any and all liability claims for damages, actions, suits and demands whatsoever, which I, my heirs, executors, administrators or assigns or any of them now or hereafter and without restricting the generality of the foregoing, for or by reason of any cause, matter or thing arising out of or resulting from my participation in said examination and said series of tests to demonstrate my strength, endurance and physical agility. IN WITNESS WHEREOF I have hereunto set my hand and seal this \_\_\_\_ day of \_\_\_\_\_\_, 20 . SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF Applicant Name (Please Print or Type) Applicant Signature

\*\*\*Note: This completed form and the Medical Examination Report <u>MUST</u> be received before applicant will be permitted to participate in the physical testing.\*\*\*

Witness Name (Please Print or Type)

Witness Signature