

**WEST ELGIN FIRE DEPARTMENT**

**APPLICATION FOR VOLUNTEER FIREFIGHTERS**

	<b>Date of Application:</b>	<b>Year:</b>	<b>Month:</b>	<b>Day:</b>
<b>Station closest to your residence:</b>	<input type="checkbox"/> Station #1- Rodney		<input type="checkbox"/> Station #2 – West Lorne	

**PERSONAL INFORMATION**

<b>Applicant's Name (Surname First):</b>		<b>Initials Only:</b>
<b>Street Address:</b>		<b>City:</b>
		<b>Postal Code:</b>
<b>Resident Telephone No. :</b>		<b>Mobile Telephone No. :</b>
<b>Work Telephone No. :</b>		<b>Ontario Driver's License No. :</b>
<b>Email Address:</b>		<b>**Please provide a clear copy of both sides of your Driver's License**</b>

**EDUCATION (Circle Year Completed)**

<b>Secondary School</b>	<b>9   10   11   12</b>	<b>Nature of Course:</b>
<b>College/University</b>	<b>1   2   3   4   5   6</b>	
<b>Degree/Diploma Obtained</b>		

**\*\*\*Attach additional pages of Education & Training as needed\*\*\***

**ADDITIONAL TRAINING**

<b>TRAINING TYPE:</b>		
<b>Scuba Diving</b>	Yes	No
<b>Ice Water/Rope Rescue</b>	Yes	No
<b>High Angle Rescue</b>	Yes	No
<b>Confined Space Rescue</b>	Yes	No
<b>Urban Search and Rescue</b>	Yes	No
<b>Hazardous Material Response</b>	Yes	No
<b>WHMIS</b>	Yes	No
<b>OTHER (Specify):</b>	Yes	No

**EMPLOYMENT**

*(Beginning with your present employer, please list separately all jobs you have held including part-time positions. You may wish to attach a resume).*

<b>Company Name:</b>			<b>Present/Last Position:</b>		
<b>Street Address:</b>			<b>Period of Employment:</b>	<b>From: Year: Month:</b>	<b>To: Year: Month:</b>
<b>City:</b>	<b>Prov:</b>	<b>Postal Code:</b>	<b>Name of Supervisor:</b>		
<b>Type of Business:</b>			<b>Current Hours of Work:</b>		

<b>Company Name:</b>			<b>Present/Last Position:</b>		
<b>Street Address:</b>			<b>Period of Employment:</b>	<b>From: Year: Month:</b>	<b>To: Year: Month:</b>
<b>City:</b>	<b>Prov:</b>	<b>Postal Code:</b>	<b>Name of Supervisor:</b>		
<b>Type of Business:</b>			<b>Reasons for Leaving:</b>		

<b>Company Name:</b>			<b>Present/Last Position:</b>		
<b>Street Address:</b>			<b>Period of Employment:</b>	<b>From: Year: Month:</b>	<b>To: Year: Month:</b>
<b>City:</b>	<b>Prov:</b>	<b>Postal Code:</b>	<b>Name of Supervisor:</b>		
<b>Type of Business:</b>			<b>Reasons for Leaving:</b>		

<b>Company Name:</b>			<b>Present/Last Position:</b>		
<b>Street Address:</b>			<b>Period of Employment:</b>	<b>From: Year: Month:</b>	<b>To: Year: Month:</b>
<b>City:</b>	<b>Prov:</b>	<b>Postal Code:</b>	<b>Name of Supervisor:</b>		
<b>Type of Business:</b>			<b>Reasons for Leaving:</b>		

**RELATED SKILLS**

INDICATE SKILL LEVEL BY CHECKING APPROPRIATE BOX BELOW AND GIVE EXPLANATION WHERE INDICATED

- SKILL LEVEL 0 NO EXPERIENCE OR TRAINING
- SKILL LEVEL 1 SOME FAMILIARITY AND COMPETENCE HAS BEEN ACQUIRED THROUGH PERSONAL EXPERIENCE, HIGH SCHOOL COURSES OR OTHER TRAINING OF AN INFORMAL NATURE.
- SKILL LEVEL 2 SKILLS ARE AT AN ADVANCED LEVEL, ACQUIRED THROUGH EXTENSIVE PERSONAL INVOLVEMENT AND/OR POST SECONDARY COURSES.
- SKILL LEVEL 3 A TRADE LICENSE OR RECOGNIZED CERTIFICATE IS HELD OR SIGNIFICANT PROFESSIONAL EXPERIENCE HAS BEEN ACQUIRED. PLEASE INCLUDE COPIES OF LICENSES OR CERTIFICATES WITH YOUR APPLICATION.

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MECHANICAL- APPLIANCE/OFFICE/MOTOR/EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUMPS, VALVES, SPRINKLER SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREATHING APPARATUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIO COMMUNICATION SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRONIC SYSTEMS/COMPUTER TECHNOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLIMBING SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKING FROM HEIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESCUS PROCEDURE, I.E. NURSING, LIFE GUARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWIMMING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNOWLEDGE OF FIRE SAFETY PRACTICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCCUPATIONAL HEALTH AND SAFETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDINGS – INSPECTION/MAINTENANCE/DESIGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING BLUEPRINT/DIAGRAMS/CHARTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATHLETICS/SPORTS/FITNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADULT EDUCATION INSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPARING AND DELIVERING PRESENTATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHING/TEACHING/RECREATIONAL LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST AID/CPR COURSE – HOLD CURRENT CERTIFICATE	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
EXPIRY DATE: _____ Year      Month      Day				
SAED- HOLD CURRENT CERTIFICATE	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
EXPIRY DATE: _____ Year      Month      Day				

**CONSENT, WAIVER AND RELEASE FORM**

TO: The Corporation of the Municipality of West Elgin and the West Elgin Fire Department

**WHEREAS** the Corporation of the Municipality of West Elgin and The West Elgin Fire Department require that applicants for the position of Volunteer Firefighter be examined;

**AND WHEREAS** I, \_\_\_\_\_ have submitted to the Corporation of the Municipality of West Elgin and The West Elgin Fire Department, my signed application for the position of Volunteer Firefighter, and have been informed that I am required to be assessed 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 assessment and said series of tests to demonstrate my strength, endurance and physical agility have been fully explained to me;

**NOW THEREFORE**, I for myself, my heirs, executors, administrators or assigns, hereby consent to and agree to be assessed for the position of Volunteer Firefighter, and consent to and agree to participate in a series of tasks 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 of the Municipality of West Elgin and The West Elgin 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 assessment and said series of tasks 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 of the Municipality of West Elgin and the West Elgin 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 assessment and said series of tasks to demonstrate my strength, endurance and physical agility.

**IN WITNESS WHEREOF** I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Fire Department Representative

\_\_\_\_\_  
Fire Department Representative Signature

\_\_\_\_\_  
Applicant Name (*please print*)

\_\_\_\_\_  
Applicant Signature