



## BRITANNIA BEACH VOLUNTEER FIRE DEPARTMENT

### VOLUNTEER FIREFIGHTER APPLICATION

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#### Personal Information:

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

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

How long have you been a resident of Britannia Beach or Furry Creek: \_\_\_\_\_

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Board \_\_\_\_\_ Live with parents \_\_\_\_\_

Birthdate: (MM / DD / YY) \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_

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

Dependents (if any), please list below:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship: \_\_\_\_\_



### Employment Information:

Do you have your employer's consent to attend calls during work hours? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Position: \_\_\_\_\_

How long have you been employed at present workplace? \_\_\_\_\_

Normal hours of work: \_\_\_\_\_ Days: \_\_\_\_\_

### Assessment Questions:

Do you have a valid driver's licence? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Class: \_\_\_\_\_ Licence Number: \_\_\_\_\_ Air: \_\_\_\_\_

Restrictions (if any): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Have you ever had your driver's licence suspended? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have any previous firefighting experience? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Do you have a valid First Aid Certificate? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have any medical conditions that would prevent you from safely carrying out the duties of a volunteer firefighter? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Allergies: \_\_\_\_\_

Are you claustrophobic? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you afraid of heights? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been convicted of a criminal offence? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If YES, briefly state the particulars: \_\_\_\_\_



**General Questions:**

State briefly the reasons for wanting to become a volunteer firefighter:

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

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References:

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

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

Were you referred by a current BBVFD Member? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Referring member: \_\_\_\_\_

To the best of my knowledge, the information contained on this form is true and accurate.

Applicant's Signature: \_\_\_\_\_

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

Date application received: \_\_\_\_\_