

North Saanich Volunteer Fire Department

Volunteer Firefighter Application

Personal Information:							
First Name:	e: Last Name:						
Address:							
	Nı	umber	Street	Postal Code			
Do you:	Own	Rent					
Birthdate:	MM / DD / VA		ge:				
Home Phone:	MM / DD / Y\	1	Call Phone:	Work Phone			
Email Address:	Cell Phone: Work Phone:						
Emergency Contact Name:							
	Relationship:						
Home Phone:			Cell Phone:	Work Phone:			
Single Married Spouse's / Partner's Name:							
Employment Information:							
Lilipioymentii	IlOIIIIauo	Ш.					
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: Da			Days Afternoons	Evenings			
Shift worker:	Yes	No	Regular days off:				

Assessment Questions:							
Do you have a valid drive	er's licence?	Yes	No				
Class: Li	cence Number:			Air:			
Restrictions (if any):	Expiry	Date:					
Have you ever had your driver's licence suspended? Yes No If yes, please explain:							
Do you have any previous firefighting experience? Yes No If yes, please describe:							
Do you have a valid Firs	Yes	No					
Are you in good health?			Yes	No			
Family Physician:			Date of last medical:				
Height:	Weight:		Personal He	ealth Number:			
Blood type, if known: Allergies:							
Are you claustrophobic?	Yes	No	Are you afra	id of heights?	Yes	No	
Are you available for appr	roximately 3 overni	ight shifts pe	er month?	Yes	No		
Have you ever been con		Yes	No				
If YES, briefly state the particulars:							
Would you grant the District permission to conduct a criminal record search? Yes N							

General Questions:							
How did you hear about the North Saanich Volunteer Fire Department?							
□ NSFD Firefighter □ Website □ Newspaper □ Recruitment Advertising □ Other:							
Briefly state your reasons for wanting to become a volunteer firefighter:							
What skills, education, and/or experience relevant to firefighting do you have?							
Character References:							
Name:	Address:	Phone:					
Name:	Address:	Phone:					
Name:	Address:	Phone:					
To the best of my knowledge, the information contained on this form is true and accurate.							
Applicant's Si	gnature	Date					
Office Use Only:							
Date application received:		Received by:					
Comments:							
Application Accept	ed Rejected	Date:					
Approved by Fire Chief:		Date:					

Does your browser support Fillable PDF Forms? If you're having trouble submitting this form, please download the PDF with your changes and email a copy to firedept@northsaanich.ca - Thank you!