

Name: _____

Date of application: _____

CONFIDENTIAL WHEN COMPLETED



**NORTH OYSTER FIRE DEPARTMENT
JUNIOR FIREFIGHTER
APPLICATION**

ACCURATE, LEGIBLE COMPLETION OF THIS
APPLICATION FORM IS THE FIRST STEP IN
THE DEPARTMENT SCREENING PROCESS.

INCOMPLETE OR INACCURATE APPLICATIONS
WILL NOT BE ACCEPTED.

SUPPLY ALL INFORMATION REQUESTED.

NORTH OYSTER FIRE DEPARTMENT JUNIOR FIREFIGHTER APPLICATION

Accurate, legible completion of this Application Form is the first step in the screening process.
Incomplete or inaccurate applications will not be accepted.

Please supply ALL information requested.

NAME: _____ / _____
Last Name *First Name(s)*

TELEPHONE (home): _____ TELEPHONE (work): _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

POSTAL CODE: _____ BIRTH DATE: ____ / ____ / ____ *year/month/day*

PERSONAL HEALTH NUMBER # _____

Do you have any phobias (height, enclosed spaces, etc)? Yes No

If yes, please explain: _____

Do you have your parents' permission to apply to be a Junior Firefighter? Yes No

Parent / Guardian Name _____ Phone Number _____

Address _____

Describe your skills applicable to the Fire Service:

Describe your main hobbies and interests outside of work:

Parental Consent

My son / daughter, _____, has my permission to be a Junior Firefighter with the North Oyster Fire Department. I give my consent to allow _____ to be a Junior Firefighter and do not hold the North Oyster Fire Department nor the Cowichan Valley Regional District responsible for any actions caused by my son / daughter that is not under the direction of an Officer.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Contract of Understanding

I and my son / daughter have read ALL of the Junior Firefighter Guidelines and understand the guidelines set up to outline the purpose of the Junior Firefighters. I and my son / daughter understand that Junior Firefighters serve as supporters of the North Oyster Firefighters to learn the basics of Firefighting and to prepare to become a full member at the age of 18. I and my son / daughter understand that Junior Firefighters are to follow all instructions from members of the NOVFD and that the general standard of conduct is to act in the manner of a professional. I and my son / daughter understand that he / she is expected to be courteous and respectful of other members (Junior and Regular) and to all citizens as they are representing the North Oyster Fire Department. I and my son / daughter understand there is a "zero tolerance" policy regarding drug and alcohol use. I and my son / daughter understand that by signing this Contract of Understanding we are declaring that any violation of the guidelines is grounds for immediate dismissal.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Acknowledge Receipt of Guidelines

I acknowledge that I and my son / daughter have received a copy of the North Oyster Fire Department Junior Firefighter Program Guidelines and have reviewed them prior to signing these documents.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

REFERENCES

Please name two references not related to you:

1. Name: _____
Address: _____
Phone: _____

2. Name: _____
Address: _____
Phone: _____

I, the undersigned, apply to enroll as a junior volunteer firefighter of the North Oyster Fire Department and, if accepted, undertake to perform such duties as may be assigned to me by the Fire Chief or his delegated representative.

I understand that this is a volunteer position with no remuneration.

I verify that the information contained on this application form is true and accurate.

I hereby give consent to the North Oyster Fire Department to conduct verification of the information given, as required.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

Have you attached the requested documentation?

Medical Examination **(REQUIRED)**

NORTH OYSTER FIRE DEPARTMENT

**APPLICANT'S
DEED OF RELEASE for PRACTICAL EVALUATION
CONFIDENTIAL WHEN COMPLETED**

I, the undersigned applicant, acknowledge that I have been warned that undergoing physical tests and training described in the application information can be dangerous to my health if I am not in good health and physical condition. I hereby certify that I have satisfied myself that undergoing such tests and training will not be dangerous to my health. I further certify that I accurately completed the Physical Examination Readiness Questionnaire.

To the best of my knowledge, I do not at present have an illness of any nature whatsoever.

In consideration of the Fire Department considering my application for junior volunteer firefighter, I expressly agree that it is my sole responsibility to determine whether I can undertake such tests without danger to my health.

I release and discharge the North Oyster Fire Protection District, the Fire Department and their respective officers, servants, consultants and advisors from any and all claims, damages and actions of every nature for or in respect of anything done or omitted to be done in connection with the establishment or supervision of the physical fitness tests, or the advice as to their nature and possible danger to my health, whether or not such act or omission shall constitute negligence, and in particular from any and all injuries, including death, which may result from my performing or attempting to perform such tests.

IN WITNESS WHEREOF, I have set my hand this ____ day of _____ 20__.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

NORTH OYSTER FIRE DEPARTMENT

**APPLICANT'S
PRACTICAL EVALUATION READINESS QUESTIONNAIRE
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This questionnaire is designed as a condition to the rigorous physical fitness requirements for Fire Department applicants.

- | | Yes | No |
|---|-----|-----|
| 1. Have you ever been bothered by shortness of breath? | ___ | ___ |
| 2. Have you had frequent bouts of respiratory problems, such as influenza, asthma or pneumonia? | ___ | ___ |
| 3. Have you any back problems that would prevent you from lifting heavy objects? | ___ | ___ |
| 4. Has your Doctor ever said you have heart trouble? | ___ | ___ |
| 5. Do you often feel faint or have spells of severe dizziness? | ___ | ___ |
| 6. Do you frequently have pains in your heart or chest? | ___ | ___ |
| 7. Has a Doctor ever said your blood pressure was too high? | ___ | ___ |
| 8. Has your Doctor ever told you that you have a bone joint problem such as arthritis, which has been aggravated by exercise, or might be made worse with exercise? | ___ | ___ |
| 9. Is there any good reason not mentioned here why you should not undergo strenuous physical testing or exertion, even if you wanted to? | ___ | ___ |
| 10. Do you have any allergies? _____ | ___ | ___ |
| 11. Are you in good physical shape and accustomed to vigorous exercise? | ___ | ___ |

Other than question 11., if you answered YES to one or more of the above questions:

- (a) Consult with your personal physician. Explain which questions you answered "Yes" to on this questionnaire and show your physician this sheet.
- (b) You will not be allowed to participate in the practical evaluation unless you present a written statement from your physician indicating that you are cleared to participate.

Junior Firefighter Signature and Date

Parent/Guardian Signature and Date

**NORTH OYSTER FIRE DEPARTMENT
FIREFIGHTER MEDICAL EXAMINATION
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Surname: _____ Given names: _____

EXAMINING PHYSICIANS PLEASE NOTE

The medical examination to be performed is to determine if the applicant has maintained an acceptable level of fitness to perform as a firefighter and has not contracted any disabling disease or disability to prevent effective functioning as a firefighter.

The physician shall determine, using any testing procedures felt necessary, if the applicant is fit for active firefighting duties so that firefighters will **not** jeopardize themselves and other personnel that they may come in contact with while performing their duties. To function as a member of the Fire Department, it is essential that the applicant be physically and mentally fit to perform the many and varied duties of a firefighter.

The fee for the service of the physician for this examination is the responsibility of the applicant.

1. Height _____ Weight _____ B.P. _____ Posture _____

2. Vision: Without glasses R. 20/ _____ L. 20/ _____
 With glasses R. 20/ _____ L. 20/ _____

3. Hearing: R. _____ L. _____

4. Oral hygiene: Good Fair Poor

5. History of previous illness: _____

6. Is there any evidence of:

	YES	NO		YES	NO
1. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	8. Infectious Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
2. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	9. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
3. Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	10. Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
4. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	11. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
5. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	12. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
6. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	13. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
7. Back trouble	<input type="checkbox"/>	<input type="checkbox"/>	14. Respiratory trouble	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify.

7. Details of any physical impairment. (Please be specific.)

8. Is this your first contact with the patient? YES NO

If no, how long have you treated the patient? _____

9. Does applicant have any nervous problems? YES NO

If yes, please specify.

10. Does applicant have any alcohol or drug problems? YES NO

If yes, please specify.

11. Is the applicant taking any regular medication? YES NO

If yes, please specify.

12. In light of your examination findings and the guidance of this form:

DO YOU CONSIDER THE APPLICANT PHYSICALLY AND MENTALLY CAPABLE OF PERFORMING THE DUTIES OF A JUNIOR FIREFIGHTER?

YES

NO

Date: _____

Signature of Physician

Physician: _____
Mailing Address: _____
City / postal code: _____
Telephone number: _____

NOTICE TO APPLICANT

PARENTAL / GUARDIAN CONSENT FORM

This form must be completed and parent / guardian must have signed that they have read and understand the NOVFD Junior Firefighter Program.

If parents / guardians have further questions in regards to this program they may contact the North Oyster Fire Chief at 250-245-5111

ESSAY

Provide a 500 word essay answering the following two questions:

Why do you want to be a junior firefighter?

What can you bring to the general membership and the fire hall?

INTERVIEW PROCESS

Upon review of this application and providing that all required documentation is attached and signed, a fire officer of the North Oyster Fire Department will then contact the applicant and parent / guardian and make arrangements for the applicant to attend a selection interview at the North Oyster Fire Hall.