

Salt Spring Island

Paid-On-Call Firefighter



Application Package

SSIFR Firefighter Pre-Requisite

- Full Time Resident of Salt Spring Island
- Valid Class 5 BC Driver's License (Class 7 acceptable Novice "N")



www.saltspringfire.com



Salt Spring Island Fire/Rescue Paid-On-Call Fire Fighter Application Form

www.saltspringfire.com

Personal Information

Surname: _____ Given Name(s): _____
Address 1: _____
Address 2: _____
City: _____
Province: _____ Postal Code: _____
Telephone (h): _____ Telephone (w): _____
Date of Birth (dd/mm/yyyy): _____
BC Medical Services Plan No: _____
Email: _____
Texting Number: _____

General Information

How many years have you lived at the address indicated above?

Please list any physical activities that you regularly participate in to keep yourself in good physical condition...

Have you been involved in other community work? Yes No

If yes, please specify...

General Information (cont.)

List your interests and hobbies...

Do you have a criminal record? Yes No

Do you have any disabilities or medical restrictions which may affect your ability to perform the duties of a Paid-On-Call (POC) Fire Fighter? Yes No

If yes, please specify...

Do you have any phobias (heights, confined spaces, etc.) that may prohibit you from performing the duties of a Paid-On-Call (POC) Fire Fighter? Yes No

If yes, please specify...

Do you speak or write a second language? Yes No

If yes, please specify...

How did you hear about us? Newspaper Social Media Website Word of Mouth



In case of Emergency, who should we contact? (please provide two contacts)

Contact 1

Name: _____ Relationship: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone (h): _____ Telephone (cell): _____

Contact 2

Name: _____ Relationship: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone (h): _____ Telephone (cell): _____

Education & Training

Secondary/High School

Name: _____ Location: _____
Last Grade Completed: _____ Did you graduate? Yes No

Vocational/Trade/Technical Institution

Name: _____ Location: _____
Area of Study: _____ Did you graduate? Yes No

College/University

Name: _____ Location: _____
Area of Study: _____ Did you graduate? Yes No

Other Certificates, Licenses, Apprenticeships, Programs or Related Courses...

Related Skills

- Driver's License No: _____ Province: _____
- Class(s): _____
- Restrictions: _____
- Airbrakes: YES NO

Trucks/Heavy and/or Light Equipment experience...

Other Operating Skills...

First Aid Certification? Yes No Level/Classification: _____

Current Employer

Company: _____

Address: _____

Job Title: _____ Length of Service: _____

Supervisor/Manager Name: _____

Telephone: _____

Duties:

Do you work shifts? Yes No

What are your hours of work? From: _____ To: _____

Current Employer (cont.)

Would your company allow you to respond to emergency calls during working hours? (Circle One)

Always Usually Rarely Never

Who can we contact to verify this?

Name: _____ Telephone: _____

Do you have your own vehicle for transportation? Yes No

Describe your experience/skills as they may apply to the Fire Department (ie. Carpentry, mechanical, electrical, plumbing or other)...

How do you think you would be an asset to the Salt Spring Island Fire Rescue?

References (please provide three) **EMPLOYERS OR DIRECT SUPERVISORS ONLY**

Reference 1

Name: _____ Title: _____

Organization: _____ Telephone: _____

Reference 2

Name: _____ Title: _____

Organization: _____ Telephone: _____

Reference 3

Name: _____ Title: _____

Organization: _____ Telephone: _____

DEADLINE FOR APPLICATIONS IS OCTOBER 31ST 2016.

FOR DEPARTMENTAL USE ONLY

TESTING AND AUTHORIZATION DOCUMENTATION

WRITTEN TEST COMPLETED _____
PHYSICAL TEST COMPLETED _____
PHYSICAIN STATEMENT _____
POLICE RECORD CHECK _____
DRIVING RECORD CHECK _____

READ CAREFULLY BEFORE SIGNING

I, the undersigned, apply to enroll as a Paid-On-call (POC) fire fighter with the Salt Spring Island Fire Rescue and if accepted will undertake to perform such duties as may be assigned to me by the Fire Chief or his/her delegate(s).

I hereby certify:

1. That the information given on the application documents is true and I understand that any untrue statements will disentitle me for hire and will be cause for dismissal.
2. That I understand:
 - that my signature on this form is my permission to contact my present/past employers to obtain references and releases them from any liability from the *Freedom of Information Act*.
 - that there will be a probationary work period during which my performance and suitability for the position will be reviewed.
 - that as a condition of joining I will be required to pass a medical exam before my confirmation.
 - that I consent to a Police Record Check, and Vulnerable Sector Check.
 - that I consent to a Driving Record Check

Date: _____ Signature: _____

By signing and submitting this application you are indicating your acceptance of the above conditions.

Application can be mailed to or dropped off at:

Salt Spring Island Fire/Rescue
105 Lower Ganges Road,
Ganges, Salt Spring island, BC V8K 2T1

or faxed to:

250- 537-2507

Thank you for completing this application and for your interest in the Salt Spring Island Fire Department. Please feel free to contact us if you have any questions @ info@saltspringfire.com

Application Checklist

- Application Complete
- Current Police Record Check with Application (attached with application)
- Current Drivers Abstract (attached with application)
- Completed Doctors Approval Form (attached with application)

Salt Spring Island Fire Rescue.
105 Lower Ganges Rd.
Salt Spring Island, BC
V8K 2T1

Emergency: 911
Office: 250 537-2531
Fax: 250 537-2507
Email: info@saltspringfire.com
Web: www.saltspringfire.com

Print this page off and provide
your Doctor with it for consent.
Return signed document to SSI
Fire Rescue prior to the Physical
Testing Date.



Waiver and Release Form
****Print and Bring to Doctors Office****

This waiver and release form is to be signed by the firefighter candidate and his / her doctor. The signed waiver and release form must be in the possession of the firefighter candidate prior to commencing the physical agility test.

I, _____, hereby release and forever discharge the Salt Spring Island Fire Rescue Department, their members, employees, agents and assigns from any and all actions, causes of actions, claims and demands for damages, loss or injury as a result of the physical agility testing.

Firefighter Candidate's Signature

Date

I, _____ (Doctor) give my consent for the above signed firefighter candidate to take part in the physical agility test based on the requirements that are outlined in the attached Salt Spring Island Fire Rescue Department's physical agility test document.

Doctor's Signature

Date

1. Tower Climb: Candidate will climb two flights of stairs (two stories) carrying an apartment pack weighing approximately 25 pounds. Every step must be touched on the way up and down. Handrail can and should be used to aid and guide. Candidate will proceed at a steady, controlled rate. No running. The tower climb will be conducted twice.
2. Hose Roll Hoist: Candidate will start at the top and hoist a hose roll weighing approximately 40 pounds attached to a rope total of two stories. Candidate will use a hand over hand method in a controlled manner. The hose roll hoist will be conducted twice.
3. Forcible Entry: Candidate will pick up and swing an eight pound hammer twenty full swings at a large tractor tire. The tire will be placed at approximately waist height. After completed, candidate will set the hammer down in a controlled manner. Do not throw.
4. Hose Drag: Candidate will pick up and drag a 1 1/2" charged hose line 75 feet. At the end of the 75 feet, Candidate will open the nozzle at a set target, close the nozzle and place down in a controlled manner.
5. Dummy Drag: Candidate will drag "Rescue Randy" dummy weighing approximately 175lbs fifty feet backwards. Candidate will have a spotter behind guiding.
6. 1500 Meter Run.

Paid On Call Physical Test Outline.

- Tower Climb: Candidate will climb two flights of stairs (two stories) carrying an apartment pack weighing approximately 25 pounds. Every step must be touched on the way up and down. Handrail can and should be used to aid and guide. Candidate will proceed at a steady, controlled rate. No running. The tower climb will be conducted twice.
- Hose Roll Hoist: Candidate will start at the top and hoist a hose roll weighing approximately 40 pounds attached to a rope total of two stories. Candidate will use a hand over hand method in a controlled manner. The hose roll hoist will be conducted twice.
- Forcible Entry: Candidate will pick up and swing an eight pound hammer twenty full swings at a large tractor tire. The tire will be placed at approximately waist height. After completed, candidate will set the hammer down in a controlled manner. Do not throw.
- Hose Drag: Candidate will pick up and drag a 1 ½” charged hose line 75 feet. At the end of the 75 feet, Candidate will open the nozzle at a set target, close the nozzle and place down in a controlled manner.
- Dummy Drag: Candidate will drag “Rescue Randy” dummy weighing approximately 175lbs fifty feet backwards. Candidate will have a spotter behind guiding.
- 1500 Meter Run.

**Please check out our video demo of the Firefighters POC Testing
SCAN with a Smartphone or Tablet**



<http://goo.gl/HAeHgT>

Join an Amazing Team at Salt Spring Island Fire Rescue



Salt Spring Island Fire Rescue

2017 Paid on Call Recruitment Drive

IMPORTANT DATES

- October 18th** Open House at Fire Hall #2.
(2470 Fulford Ganges Rd). 7pm.
- Oct 31st** Application Deadline
- November 12th** Physical Fitness Test at Fire Hall #2
(2470 Fulford Ganges Rd). 9am-TBA
- November 23rd - 24th** Interviews at Fire Hall #1
(105 Lower Ganges Road). Time TBA
- December** Notifications
- January 3rd** START your LIFE with **SSIFR**

www.saltspringfire.com

2017

BRING THIS LETTER IN TO FIRE HALL #1 TO BE SIGNED BY THE FIRE CHIEF, BEFORE APPLYING FOR A POLICE RECORD CHECK.



Salt Spring Island Fire Rescue
105 Lower Ganges Rd.
Salt Spring Island, BC
V8K 2T1

Emergency: 911
Office: 250 537-2531
Fax: 250 537-2507
Email: ageorge@saltspringfire.com
Web: www.saltspringfire.com

Re: Police Record Check

Date: _____

Please accept this letter as confirmation that _____ is applying to become a Paid on Call (Volunteer) member of the Salt Spring Island Fire Rescue. As part of our policy all members require a Police record check to be completed. Applicants are asked to arrange for a Police Records Check and a Vulnerable Sector Check with their local Police detachment and submit the findings with their completed application. SSI RCMP only accepts Police record checks to be conducted on Wednesdays. (Photo ID required)

If you have any questions or concerns, please feel free to contact me at 250-537-2531 or email ageorge@saltspringfire.com

Sincerely,

Arjuna George
Acting Fire Chief
Salt Spring Island Fire Rescue