

# Salt Spring Island

## **Paid-On-Call Firefighter**



## **Application Package**

### **SSIFR Firefighter Pre-Requisite**

- Full Time Resident of Salt Spring Island
- Class 5 BC Drivers License (Class 7 acceptable Novice "N")



[www.saltspringfire.com](http://www.saltspringfire.com)



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

[www.saltspringfire.com](http://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: \_\_\_\_\_

## General Information

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

Do you...      Own    or    Rent

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 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 \_\_\_\_



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**Contact 1**

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

Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone (h): \_\_\_\_\_ Telephone (w): \_\_\_\_\_

**Contact 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone (h): \_\_\_\_\_ Telephone (w): \_\_\_\_\_

**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**

Drivers License No: \_\_\_\_\_ Province: \_\_\_\_\_  
Class(s): \_\_\_\_\_ Restrictions: \_\_\_\_\_  
Air Brakes: 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 31<sup>ST</sup> 2013.**

**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, Hall 1  
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](mailto:info@saltspringfire.com)



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

Emergency: 911  
Office: 250 537-2531  
Fax: 250 537-2507  
Email: [info@saltspringfire.com](mailto:info@saltspringfire.com)  
Web: [www.saltspringfire.com](http://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, Firefighter candidate 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 and 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 and 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 rose 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.



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

Emergency: 911  
Office: 250 537-2531  
Fax: 250 537-2507  
Email: [ageorge@saltspringfire.com](mailto:ageorge@saltspringfire.com)  
Web: [www.saltspringfire.com](http://www.saltspringfire.com)

### **Re: Police Record Check**

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.

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

Sincerely,

D/C Arjuna George  
Salt Spring Island Fire Rescue