



# DISTRICT OF ELKFORD FIRE DEPARTMENT

## APPLICATION FOR MEMBERSHIP

(After completing this form, please submit to the Chief of Elkford Fire Rescue).

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

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

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

Phone #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Present Place of Employment /Occupation: \_\_\_\_\_

Start Date of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy

Shift: \_\_\_\_\_

BC Health Care Card #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy

Driver's Licence #: \_\_\_\_\_ Class: \_\_\_\_\_

Restrictions or Endorsements: \_\_\_\_\_

Shirt (Tall, Reg, Short + collar size): \_\_\_\_\_ Pant (waist size): \_\_\_\_ Shoe (size): \_\_\_\_ Hat (size): \_\_\_\_

Describe your skills applicable to the Fire Service (Driving Experience/First Aid Certifications/etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous firefighting experience (where and when)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you think you will be a valuable member of our team?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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*(After completing this form, please submit to the Chief of Elkford Fire Rescue).*

Please check and initial beside each of the following statements to confirm your agreement:

1. I am willing and able to participate in a minimum of one two-hour practice session each week (held every Wednesday evening, 7 to 9 p.m., or pre-scheduled Monday to Friday afternoons) **AND** commit to an attendance rate of at least 75% of my available time, excluding excused absences for work, family or other important commitments. ☐
2. I understand that, in order to be available for emergency callouts, I must be able to arrive at the fire station promptly and safely and must not be impaired by alcohol or drugs while working with the District of Elkford. ☐
3. I understand that this department participates in several community events and activities to promote public awareness of the fire department and fire safety, which require additional volunteer hours from members. I am willing to support and participate in these activities. ☐

### Personal References:

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

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

### Physical Requirements:

1. No physical or emotional impairments that would be a hindrance to firefighting including respiratory problems (i.e., tuberculosis, asthma, etc.); back injuries that would inhibit ability to lift heavy equipment and/or handle heavy equipment; visual impairment; hearing impairment; etc.
2. Must be between the ages of 19 years to 65 years.
3. Must have normal hearing without artificial aids.
4. Cannot have facial hair which could impede the wearing of Self-Contained Breathing Apparatus (i.e. beards, sideburns, etc.).
5. Must be willing/able to work from high heights.



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## **Other Requirements:**

1. Members shall not engage in immoral, indecent, lewd or disorderly conduct.
2. Members shall be courteous, civil and show respect for others, whether on or off duty.
3. Members shall not solicit any gift, gratuity, loan, or fee where there is any direct or indirect relation between the solicitation and their departmental membership, except as provided by law and approved by the Fire Chief.
4. Members shall not appropriate any lost, found, or department property or evidence for personal use.
5. Members shall not violate Municipal Ordinances or show willful disregard for the community.
6. Members shall serve the public by performing duties with honesty, zeal, courage, discretion, and good judgment.
7. Members shall maintain a level of moral conduct in their personal and business affairs which is in keeping with the highest standard of the fire service.
8. *Members shall agree to take a physical examination, as required by Elkford Fire Rescue, as well provide the department with a drivers abstract and a criminal record check prior to commencing employment.*



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I recognize that I am applying to work as a paid-on-call firefighter for the Elkford Fire Rescue and, if accepted, undertake to perform such duties in matters relating to firefighting, rescue service, community service and departmental training as may be assigned to me by the Fire Chief or their designates. I also agree to account for any and all fire department equipment assigned to me.

I hereby certify the above information as provided is true and correct and I understand that falsifying any information on this application is justifiable cause for exclusion from continuation of the application process or immediate dismissal from the Elkford Fire Rescue.

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**Applicant Signature**

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**Date**

Personal information you provide on this form is collected to assist the Fire Department staff, with the evaluation of your application as a paid-on-call firefighter pursuant to the applicable legislation and will only be used for related purposes. Your name will be treated as public information. The remainder of your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Contact the District of Elkford's FOI Coordinator at 250.865.4000.

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**OFFICE SECTION - Do not write below this line**

**Application Accepted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Application Approved: Denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fire Chief's Signature:** \_\_\_\_\_



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## ELKFORD FIRE RESCUE JOB DESCRIPTION: FIREFIGHTER

### PURPOSE/SCOPE OF THE FIREFIGHTER POSITION:

1. The firefighter reports to the Chief, Deputy Chief, Assistant Chief or Captain through the departments chain of command and the firefighter responsible for assisting with:
  - a. Extinguishing and preventing fires.
  - b. Providing emergency medical care.
  - c. Responds and performs Rescue activities.
  - d. Performing all duties in accordance with standing orders and other department regulations/guidelines.
  - e. Participates in fire/rescues services relating to public education and public relation activities.
  - f. Performs related work as required.

### PERFORM FIREFIGHTER DUTIES:

- a. Responds to fire calls, other emergency service calls and attends training sessions.
- b. Driving vehicles with discretion, including personal vehicles, before, during or after an emergency.
- c. Applying proper firefighting techniques needed to control and/or extinguish fires.
- d. STAYING AWAY from any Fire Department operations while under the influence of alcohol and/or prescription or illegal or illicit drugs which may cause impairment.
- e. Assisting in cleaning up and returning equipment to service after an emergency.
- f. Keeping any equipment issued in good condition.
- g. Causing the return of Fire Department apparatus and equipment to their proper places in the Fire Hall.
- h. Turning out regularly for Fire Practice (*attendance must be at least 75% of your available time, excluding excused absences for work, family or other important commitments*).
- i. Following orders and co-operating with the RCMP, BC Ambulance Service, District of Elkford Staff, Utility Companies and other pertinent stakeholders.
- j. Refraining from giving out information to the news media, or other persons, about emergencies without authorization from the Fire Chief.

### FURTHER JOB DETAILS OF A FIREFIGHTER:

- a. The Firefighter must have the ability to deal with the public in a polite, sympathetic and efficient manner, regardless of how frustrating or unnerving the situation may be.
- b. The Firefighter should be able to cope with a high level of stress and perform all duties efficiently in an emergency situation.
- c. The Firefighter should be able to speak in a clear, articulate manner.
- d. The Firefighter should follow all Fire Department and The District of Elkford's Policies, Procedures, Standard Operating Guidelines, Mission, Vision Values and Leadership statements.



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### REQUIRED SKILLS, ATTRIBUTES AND KNOWLEDGE FOR THE POSITION OF A FIREFIGHTER:

- Will work towards the completion of the NFPA 1001 Standard, ensuring the minimum recruit orientation is completed within 12 months of initial service.
- The Firefighter must have, or be able to qualify and maintain, a B.C. Class 5 (or a Class 1, 2, 3, 4) Driver's License with an air endorsement (15).
- A driving record that demonstrates responsible and safe driving behaviour. (A record with more than six points will eliminate an applicant from further consideration)
- No conviction for a criminal offence, which would jeopardize Elkford Fire Rescue's reputation in the community.
- Must have far visual acuity. Far visual acuity shall be at least 20/30 binocular corrected with contact lenses or spectacles. Far visual acuity uncorrected shall be at least 20/100 binocular for wearers of hard contacts or spectacles as per NFPA 1582. Successful long-term soft contact lens wearers shall not be subject to the uncorrected criterion.
- Peripheral vision. Visual field performance without correction shall be 140 degrees in the horizontal meridian in each eye as per NFPA 1582.
- Normal unaided hearing as per NFPA 1582.
- Must be able to maintain the physical requirements needed to undertake all tasks performed by firefighting operations conducted by Elkford Fire Rescue.
- To be able to conduct themselves as a part of a team, responding to all emergencies and performing firefighting duties in an efficient and proficient manner.
- Understand that firefighting is inherently dangerous to life safety, which includes physical and mental stresses. Very high levels of stress can be felt while conducting fire/rescue operations. A firefighter needs to be able to deal with these stressors effectively and constructively.
- Must be a permanent resident of Elkford.

### PERSONAL ATTRIBUTES AND CHARACTERISTICS:

- Maintains standards of conduct recognizing the District of Elkford's code of ethics.
- Adheres to the firefighter service agreement
- Displays honesty, integrity, trustworthiness, while being respectful of others.
- Is constructive, goal-orientated and demonstrates sound judgement through proper work practices.
- Does not share confidential information to anyone outside of Elkford Fire Rescue.
- Reports any absence immediately to a Senior Officer.

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**Applicant Signature**

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**Date**



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## EMPLOYEE EMERGENCY CONTACT INFORMATION

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

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

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Civic Address:

\_\_\_\_\_  
\_\_\_\_\_

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

Business Phone #: \_\_\_\_\_

Department Location:

\_\_\_\_\_

## EMERGENCY CONTACTS

Primary Contact:

Secondary Contact:

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

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

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

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

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

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

Business Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

**Please Note: Information will be forwarded to Human Resources. Please advise the Payroll Clerk in the event that any of the above information changes, as a new form must be completed.**

\_\_\_\_\_

Employee Signature

"Personal information contained in this form is collected under the Freedom of Information and Protection of Privacy Act (FOIPPA) and will be used only for payroll purposes. For questions or additional information, contact the District of Elkford's FOI Coordinator at 250.865.4000."