

APPENDIX "B"

- Auxiliary Firefighter
- Volunteer Firefighter



## Volunteer Application

**Please Print**

<b>Personal Information</b> Confidential when completed			
<b>Last Name</b>	<b>Given Name</b>	<b>Initial</b>	
<b>Address</b>			
<b>Telephone</b>	<b>Residence:</b>	<b>Cellular:</b>	<b>Work (optional):</b>
<b>Emergency Contact</b>		<b>Emergency Contact Telephone</b>	
<b>E-mail Address</b>			
<b>Volunteer Eligibility Requirements</b>			
What hours would you be available? (check all that apply)  <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Weeknights <input type="checkbox"/> Other (please explain) _____ _____  Would your employer allow you to leave work for emergency calls?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible to work in Canada?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you meet the City's Eligibility Requirements as stipulated under By-law No. 2008-030  <input type="checkbox"/> 18 years of age or older. <input type="checkbox"/> Completed Grade 12 or equivalency <input type="checkbox"/> Submit a Vulnerable Persons Police Clearance Form <input type="checkbox"/> Submit a Medical Fitness Assessment Form <input type="checkbox"/> Submit a MTO Driver's Abstract Form <input type="checkbox"/> Resident City of Temiskaming Shores <input type="checkbox"/> Agrees to abide by all departmental rules, policies, procedures and operational guidelines.	
Are you able to understand oral and written English?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to understand oral and written French?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Languages? Describe:	
Have you ever been convicted of a criminal offence for which you have not received a pardon?  <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes Describe:			

## Volunteer Firefighter Application Form

<b>Employment Experience</b>	
Present Employer: Supervisor: Address: Telephone: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long have you been employed there? Duties:
Previous Employer: Supervisor: Address: Telephone: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long were you employed there? Duties:
<b>Volunteer Experience</b>	
Present Volunteer Organization: Contact Name: Address: Telephone: May we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long have you volunteered there? Duties:
Previous Volunteer Organization: Contact Name: Address: Telephone: May we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long did you volunteer there? Duties:

## Volunteer Firefighter Application Form

### Related Skills or Experience

Previous firefighting or emergency response experience?

Yes    No   Please Describe:

Previous military or police experience?

Yes    No   Please Describe:

Other experiences that may apply to this position?

Yes    No   Please Describe:

### Other Licences and Certificates

CPR

Expiry Date:

First Aid

Expiry Date:

Defibrillation

Expiry Date:

Ontario Driver's Licence

Expiry Date:

Class:    A    D    Z    F    G    G2    G1

Description

Date

Description

Date

Description

Date

### Education Background

Elementary School Name:

Highest grade/level completed

Secondary School Name:

Highest grade/level completed

Post Secondary Education:

Major or Specialization:

Level or Degree Achieved

Resume and copies of all licences, diplomas or certificates attached.

Volunteer Firefighter Application Form

**Conditions of Acceptance:**

I affirm and certify that the information given on, or attached to; this application is true and correct. I understand that any falsification of statements, misrepresentation, deliberate omission or concealment of information may be considered just cause for immediate dismissal.

I authorize Temiskaming Shores Fire Department to contact my references or previous employers as indicated and to obtain and review my medical assessment.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

*Personal information is collected under the authority of the Municipal Freedom of Information and Privacy Act and will be used for candidate selection purposes only. This application form complies with the Ontario Human Rights Code.*