



Pilot Mountain Volunteer Fire Department
 9070 SYMS Road
 Prince George, British Columbia
 Phone: (250) 962-7272

PMVFD MEMBERSHIP APPLICATION

APPLICATION STATUS (OFFICE USE ONLY)			
Application Received		Application References Reviewed by Chief	
Safety Orientation Completed		Photocopy of driver's license?	
Chief's Interview Completed		VFIS / Benefit Form Completed	
Driver's abstract		Certificate Of Fitness Completed	
Criminal Records Check		Recruit Package Completed	
Chiefs Review for pager assignment		6 Month Probation Completed	
Chiefs Review for acceptance as full member		Date Accepted As Full Hall Member	

PERSONAL			
First Name	Initial	Last Name	Date of Birth (yyyy/mm/dd)
Address: Street/PO Box/Rural Route Apt. Number			Postal Code
Telephone: Home	Telephone: Work	Telephone: Cell	E-Mail Address:
Employer:		Job Title:	
Able to respond to calls during working hours: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of shifts worked: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	

WORK OR VOLUNTEER RELATED REFERENCES (MINIMUM 2):		
Name	Contact Phone Number(s)	Date Follow Up Completed (Office Use only)

AREA OF INTEREST

If you are eligible to participate as a member of the hall, you may only be interested in specific activities of the service. Please indicate your interest:

Responding Positions

- Firefighter Only
- Medical First Responder Only
- Firefighter/Medical First Responder
- Driver / Pumper Operator

Non-Responding Positions

- Maintenance / Support Activities
- Fire Prevention / Public Education Activities
- Office Administration

REQUIREMENTS OF ELIGIBILITY

This section is to assist in determining if you are eligible to meet minimum requirements to become a member of the fire hall. Please discuss questions answered no with the Chief or Deputy Chief as some requirements may be waived at their discretion.

Do you live within coverage area? Driving distance from home to fire hall _____ km. (Exceptions may be granted by Fire Chief for those outside of our response)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you 19 years of age or over? If No, Ages 16 to 19 may apply to become a Cadet Recruit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have 20/20 or corrected vision with color and peripheral vision acceptable for the occupation of firefighter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have normal unaided hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you possess a current unrestricted Class 5 driver's license? (please attach photocopy of license)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you legally able to work in Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you understand and communicate clearly in English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you pass a Criminal Records Check / Vulnerability Sector Screening (If not discuss with the Fire Chief or Designate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you believe you are physically healthy enough to participate as a firefighter and able to pass a medical "Certificate of Fitness" examination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to commit to completing the recruit package within the next 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing and able to participate in a minimum of 60 hours of training / year (Training practices 2.5 hours / week on Tuesday nights)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you maintain a minimum annual attendance rate of 70% or greater?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever applied for a volunteer position with any Fire / Volunteer Service and not been accepted? (If yes, discuss reasons with Fire Chief during interview)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DRIVERS HISTORY		
Drives License	Class	Restrictions
Greater Than 3 Demerits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Air brakes <input type="checkbox"/> Yes <input type="checkbox"/> No
List any Truck/Heavy and/or Light Equipment experience:		Date (yyyy/mm/dd)
		Do You Have Your Own Vehicle for Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Operating Skills:		
MEDICAL		
Physicians Name	Physicians Phone Number	
BC Medical Services Plan #		
Certificate of fitness completed (This should be completed just prior to receiving your pager)	Date (yyyy/mm/dd)	
Emergency Contact Name:	Emergency Contact phone:	
Emergency Contact Name:	Emergency Contact phone:	
EDUCATION		
Type of School	Name of School	# of Years Completed
High School		
Vocational / Trade		
Post Secondary		



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Experience and Training Applicable to Fire Fighting / Medical First Responder			
Experience	Date Completed	Experience	Date Completed
<input type="checkbox"/> FF Basic training		<input type="checkbox"/> First Aid	
<input type="checkbox"/> FF 1001 training		<input type="checkbox"/> CPR	
<input type="checkbox"/> WHMIS		<input type="checkbox"/> Vehicle Extrication	
<input type="checkbox"/> Hazmat		<input type="checkbox"/> Safety Courses	
<input type="checkbox"/>		<input type="checkbox"/>	

DECLARATION OF CONDUCT:

I, _____, hereby apply for volunteer membership in the Pilot Mountain Volunteer Fire Department.

Initial	I understand any equipment, uniforms, protective clothing, training materials, identification cards or badges, or any other item which may be provided for my use, is the property of the fire department and must be promptly returned to the designated officer upon my leaving the organization, whether by resignation, expulsion or any other means.
Initial	I acknowledge department guidelines, policies and procedures.
Initial	I acknowledge requirements for specific levels of attendance at department activities.
Initial	I will obtain a medical certificate of fitness before I start my official training and submit my receipt to the hall. I will be reimbursed when I am issued a pager. I understand that if I neglect to report any disability to my physician, immediate dismissal may occur without reimbursement.
Initial	I understand participation in department activities may make me privy to information about citizens of the fire protection area, members of the department, department activities or other information of a personal or confidential nature. I understand that I will not record, reveal or discuss that information, except as required to carry out my duties as a fire fighter.
Initial	I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if any of this information is found to be untrue, this application may be rejected and if accepted as a volunteer fire fighter, false statements on this application shall be considered sufficient cause for dismissal.
Initial	By signing and submitting this application I am indicating my acceptance of the above conditions and that the information provided is true to the best of my knowledge.

APPLICANT NAME (PRINT): _____

SIGNATURE: _____

DATE: _____