

# Keremeos Volunteer Fire Department

Application received: \_\_\_\_\_

## APPLICATION FOR MEMBERSHIP

PLEASE PRINT ALL INFORMATION REQUESTED ON THIS APPLICATION

NAME: \_\_\_\_\_ / \_\_\_\_\_  
Surname Given Names

PHONE: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BC DRIVERS LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_ AIR? YES \_\_\_\_\_ NO \_\_\_\_\_

BC DRIVERS LICENSE RESTRICTIONS: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ RELATION: \_\_\_\_\_

TELEPHONE: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

DO YOU HAVE YOUR OWN VEHICLE FOR TRANSPORTATION? YES \_\_\_\_\_ NO \_\_\_\_\_

How long have you resided at your current address? \_\_\_\_\_

Do you have any phobias (height, enclosed spaces, etc.) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Describe your skills applicable to the Fire Service:

Describe your main hobbies and interests outside of work:

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## EDUCATION

Last Secondary School grade completed (or equivalency): \_\_\_\_\_

Post Secondary, Vocational or Trade Training: YES, \_\_\_\_\_ NO \_\_\_\_\_ Date: \_\_\_\_\_

Subject, degree, or qualification: \_\_\_\_\_

Any additional qualification or courses? \_\_\_\_\_

Previous firefighting experience: (where and when) \_\_\_\_\_

Previous first aid experience (where and when) \_\_\_\_\_

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## WORK EXPERIENCE

Are you presently employed?

\_\_\_\_\_ Full time (more than 35 hours/week)

\_\_\_\_\_ student

\_\_\_\_\_ Part-time (more than 25 hours/week)

\_\_\_\_\_ unemployed

\_\_\_\_\_ Part-time (less than 25 hours/week)

\_\_\_\_\_ other (please explain)

\_\_\_\_\_ Self employed (please explain)

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Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is your job site in the area? YES \_\_\_\_\_ NO \_\_\_\_\_

Would your employer allow you to respond to emergency calls during working hours?

Always \_\_\_\_\_ Usually \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

What are your regular hours of work? \_\_\_\_\_

Are you a shift worker? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please explain hours and days of work: \_\_\_\_\_

Are you normally available to respond to daytime emergencies? (Monday to Friday between 7AM and 6PM)

Always \_\_\_\_\_ Usually \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

If accepted by the Fire Department, you are required to attend Tuesday night training (approx. 6:45 PM to 9PM) and occasionally weekend practices lasting half or full days.

Can you meet this requirement: YES \_\_\_\_\_ NO \_\_\_\_\_

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WHY DO YOU THINK YOU WOULD BE AN ASSET TO THIS DEPARTMENT?

Please provide two or more employer references not related to you:

Name. \_\_\_\_\_

Town / City. \_\_\_\_\_

Phone numbers. \_\_\_\_\_

Name. \_\_\_\_\_

City / town. \_\_\_\_\_

Phone Number. \_\_\_\_\_

Name. \_\_\_\_\_

City / town. \_\_\_\_\_

Phone Number. \_\_\_\_\_

# **Keremeos Volunteer Fire Department**

Protecting your personal information is an obligation the Keremeos Fire Department and the Regional District of Okanagan-Similkameen take seriously. Our practices have been designed to ensure compliance with the privacy provisions of the Freedom of Information and Protection of Privacy Act (British Columbia) ("FOIPPA"). Any personal information you provide to us is collected, used, and disclosed in accordance with FOIPPA.

Should you have any questions about the collection, use or disclosure of this personal information please contact:

Manager of Legislative Services  
Regional District of Okanagan-Similkameen  
101 Martin Street  
Penticton, BC  
Phone: 250-492-0237

By signature this application, I authorize the verification of the above information and any other necessary inquiries that may be needed to determine my suitability and I affirm that the above information is true to the best of my knowledge.

## **Driver's license abstract may be required.**

Candidates will be required to complete a Physician's Form and Criminal Record Check prior to the start of the probationary period.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

By typing your name above, you agree to use this as your digital signature for the purposes of this application. A physical signature may be required upon acceptance of this application. We will inform you directly if this is necessary.

**IMPORTANT:** In order to prevent delays reviewing your application.  
**answer every question on this form clearly and completely.**

Any false, erroneous or misleading answers or statements will be cause for rejection of this application, removal of your name from the eligibility list or discharge from the department.