



# DISTRICT of MACKENZIE FIRE RESCUE DEPARTMENT VOLUNTEER APPLICATION

**Please Print, Application Date:** \_\_\_\_\_

<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>Cell Phone</b>	<b>Business</b>
<b>Emergency Contact</b>		<b>Emergency Contact Telephone</b>
<b>Volunteer Eligibility Requirements</b>		
Grade 12 Education or Equivalent, not less than 18 years of age, valid BC Drivers license & physically able to perform the essential duties of a Volunteer Firefighter		
What hours would you not be available? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Weeknights <input type="checkbox"/> Other?	Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you meet Eligibility Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to understand oral and written English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a permanent resident of Mackenzie? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date:  S.I.N.:
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   Describe:		

**Employment Experience**

Present Employer: Name: 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: Name: Address: Telephone: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long were you employed there? Duties:
Previous Employer: Name: Address: Telephone: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long were you employed there? Duties:

**Volunteer Experience**

Present Volunteer Organization: Name: Address: Telephone: May we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long have you volunteered there? Duties:
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Previous Volunteer Organization:  Name:  Address:  Telephone:  May we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:  How long did you volunteer there?  Duties:
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**Related Skills or Experience**

Previous firefighting or emergency response experience?  
Yes   No   Department name: \_\_\_\_\_   Location: \_\_\_\_\_   Province: \_\_\_\_\_

Previous military or police experience?  
Yes   No   CFB Location: \_\_\_\_\_   City/Detachment: \_\_\_\_\_   Province: \_\_\_\_\_

Other experiences that may apply to this position?  
Yes   No   Describe: \_\_\_\_\_

**Related Skills**  
Indicate skill level by circling the appropriate number and providing explanation.  
1 - A trade, licence, recognized certificate or extensive experience.  
2 - Advanced skills level and/or post secondary courses or apprenticeships.  
3 - Familiarity acquired through personal experience, high school courses or related training.

	<b>1</b>	<b>2</b>	<b>3</b>	
Mechanics	<b>1</b>	<b>2</b>	<b>3</b>	
Pumps, valves or sprinklers	<b>1</b>	<b>2</b>	<b>3</b>	
Electrical systems	<b>1</b>	<b>2</b>	<b>3</b>	
Electronic systems	<b>1</b>	<b>2</b>	<b>3</b>	

Computer technology	<b>1</b>	<b>2</b>	<b>3</b>	
Breathing apparatus or scuba diving	<b>1</b>	<b>2</b>	<b>3</b>	
Building construction or design	<b>1</b>	<b>2</b>	<b>3</b>	
Blueprint reading	<b>1</b>	<b>2</b>	<b>3</b>	
Fire fighting tasks	<b>1</b>	<b>2</b>	<b>3</b>	
Rescue procedures	<b>1</b>	<b>2</b>	<b>3</b>	
Athletic sports or skills	<b>1</b>	<b>2</b>	<b>3</b>	
Languages	<b>1</b>	<b>2</b>	<b>3</b>	
Occupational health and safety	<b>1</b>	<b>2</b>	<b>3</b>	
Photography	<b>1</b>	<b>2</b>	<b>3</b>	
Fundraising	<b>1</b>	<b>2</b>	<b>3</b>	
Office equipment	<b>1</b>	<b>2</b>	<b>3</b>	
Typing, filing or telephones	<b>1</b>	<b>2</b>	<b>3</b>	
Public speaking	<b>1</b>	<b>2</b>	<b>3</b>	
Teaching, facilitation or coaching	<b>1</b>	<b>2</b>	<b>3</b>	
Events coordination	<b>1</b>	<b>2</b>	<b>3</b>	

Radio communication	<b>1</b>	<b>2</b>	<b>3</b>	
Medical or health sciences	<b>1</b>	<b>2</b>	<b>3</b>	
Professional driver	<b>1</b>	<b>2</b>	<b>3</b>	
Heavy equipment operation	<b>1</b>	<b>2</b>	<b>3</b>	

**Other Licences and Certificates**

CPR	Expiry Date:
First Aid	Expiry Date:
Defibrillation	Expiry Date:
British Columbia Driver's Licence Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7N <input type="checkbox"/> 7L	Expiry Date:
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
Post Secondary Education: Major or Specialization: Level or Degree Achieved

Please provide an accompanying resume and copies of all licences, diplomas or certificates.

**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 District of Mackenzie Fire Rescue Department Administration to contact my references or previous employers as indicated and to obtain and review my medical assessment.

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**Signature of Applicant**

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**Date**