



Pemberton Fire Rescue Paid-On-Call Firefighter Application Package



Job Description

The paid-on-call firefighter is responsible for rapidly and efficiently performing various duties under extremely stressful, emergency conditions that frequently involve considerable life hazards. Under the direction of the Fire Chief and Senior Officers, you will be responsible for skilled firefighting work involving the combating, extinguishing and prevention of fires; emergency medical care and treatment; rescue of victims from various emergency situations including motor vehicle incidents, mitigation of hazardous materials incidents; and saving life and property. The role involves performing routine duties related to the maintenance of firefighting equipment and departmental property, attending regular training and public education events.

Responsibilities:

- Respond to emergencies including but not limited to; fires, rescues, public assistance, emergency medical incidents, and spills or leaks of hazardous materials.
- Remain calm and professional in emergency situations.
- Operate fire apparatus and equipment.
- Work for extended periods of time in difficult and potentially hazardous situations.
- Assist, when required, with cleaning and preparing equipment, and maintenance of personal equipment.
- Attend weekly training meetings and other training as required.
- Take part in public events and public education.
- Other assigned duties as required.

Minimum Entrance Qualifications:

- Canadian Citizenship or Permanent Resident.
- Must be in good physical condition and able to successfully complete a physical agility test.
- Hearing must be normal without aids.
- Vision must be at a level (aided or unaided) of being able to safely perform all essential job tasks. *Note: Masks will be required at times, glasses will not fit under mask.*
- Live within 8 km of the Village of Pemberton at time of application (Up to the Ryan River Bridge on the Pemberton Meadows Road or up to the Pemberton Industrial Park)
- Resident of Village of Pemberton for a minimum of one year.
- Possess a satisfactory criminal record check that will not hamper one's ability to obtain a First Responder's Medical License.
- Possess and maintain valid Class 5 BC Driver's License.
- Possess a satisfactory Driver's Abstract.

Required Time commitment:

- Must maintain minimum attendance for weekly practices, incidents, and events as per Operational Guidelines:
- 100 % percent attendance to regular scheduled training during six (6) month probation period
- 75 % percent annual attendance to regularly scheduled training



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- Attendance to calls, including calls on weekends, holidays and nights
- Attendance to additional training courses as required
- Able to attend Public Education events and other fire department related events as requested

Please carefully consider these questions to decide if being a volunteer Firefighter is the right choice for you:

1. Do I make ethical and responsible choices in my day-to-day life and at work?
2. Have I taken part in any unlawful activities in the past three years that could affect the result of a Criminal Record Check?
3. Do I treat others with respect, dignity and professionalism at all times regardless of their circumstances?
4. Do I work effectively as part of a team?
5. To the best of my knowledge, am I physically and mentally able to perform the duties of a Firefighter?
6. Many recruits have had to withdraw their applications due to priorities in their personal lives – am I sure, my personal commitments can allow the necessary time commitment?
7. Am I able to work for extended periods under difficult and potentially hazardous situations?
8. Am I able to perform duties effectively in confined spaces, at heights, and with limited visibility?
9. Do I have the ability to remain calm and professional in emergency situations involving extreme stress and distraught persons?
10. Do I have substance abuse issues or compulsive behaviours that might be exacerbated by the stress involved in performing the duties of a Firefighter?
11. Do I have an adequate personal support system in place to assist me in handling the stress that I may encounter as a Firefighter?
12. Do I have the ability to motivate others and myself even in difficult situations?
13. Am I prepared to take orders from superiors and to carry out complex instructions?
14. Do I have any outside business activities or potential conflicts of interest that might compromise my ability to perform properly the duties of a Firefighter?



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15. Have I actively supported my community and the interests of others?

Section A: Name and Contact Information				
First Name		Last Name		
Home Address (PO Box, Street, City, Province, and Postal Code)				
Home Phone:		Cell Phone:		
Email Address:				
Are you a Canadian Citizen / Permanent Resident			YES	NO

Section B: Basic Requirements				
Do you currently live within the 8 km of the Village of Pemberton?	YES		NO	
Do you currently work in Pemberton?	YES		NO	
Are you 19 years of age or older?	YES		NO	
Do you believe you are free of medical conditions that may preclude your participation as a volunteer firefighter?	YES		NO	
Have you attached a criminal record check completed within the past 6 months? <i>(note: if you have a criminal record you will be asked to provide details) If you do not have a recent criminal record check document please do not proceed with requesting one until advised to do so by the fire department.</i>	YES		NO	
Do you have a current BC class 5 Non-Restricted driver's license? <i>If 'yes,' please attach an abstract and a photocopy of your Driver's License. If you have ever had your license suspended, please attach a note with an explanation.</i>	YES		NO	
Air Brakes Endorsement:	YES		NO	

SECTION C: Availability				
Are you willing and able to participate in a <u>minimum</u> of one 3 hour practice session every week and maintain a <u>minimum</u> attendance rate of 75% or greater?	YES		NO	
Do you understand that in order to be available for emergency call-outs, you must be able to arrive at the fire station promptly and have abstained from alcohol and drugs for the previous 12 hours?	YES		NO	
Are you willing and able to retain and wear an emergency pager and respond to	YES		NO	



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emergencies 24 hours per day, seven days per week, 365 days per year?				
Are you willing and able to participate in the occasional weekend training program	YES		NO	

SECTION D: Employment History

Are you currently employed?	YES		NO	
Current Employer:				
Position Title:		Years Held:		
Address:				
Responsibilities:				
Have you attached a current resume?	YES		NO	
Have you discussed your application to Pemberton Fire Rescue with your employer?	YES		NO	
If yes, does your employer consent to you responding to emergencies during business hours?	YES		NO	
Previous Employer:				
Position Title:		Years Held:		
Address:				
Responsibilities:				
Reason for leaving:				

SECTION E: EDUCATION AND TRAINING

Have you completed Grade 12 or equivalent?	YES		NO	
Do you have any post-secondary education? <i>If 'yes', please describe:</i>	YES		NO	
Please place a check mark next to any of the following training you have completed, and attach photocopies of current certificates:				
FIREFIGHTING		Explain:		
RESCUE		Explain:		
FIRST AID		Explain:		
OTHER		Explain:		



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SECTION F: WILLINGNESS

Do you understand that volunteer firefighters are expected to be in good physical condition, and do you feel you are physically able to participate in a physical fitness-related test as part of the selection process?

YES

NO

Do you understand that successful applicants are required to remain without facial hair to ensure a self-contained breathing apparatus mask will form a positive seal on the face? (Moustache and short sideburns are acceptable as long as they don't affect the seal)

YES

NO

SECTION G: REFERENCES

Is it permissible for fire hall personnel to contact your current employer as a reference? If 'no', please explain:

YES

NO

REFERENCE #1

First Name		Surname	
Title		Company name	
Address (number, street, city, province, postal code)			
Phone:		Cell phone:	
Email address:		Relationship to you:	

REFERENCE #2

First Name		Surname	
Title		Company name	
Address (number, street, city, province, postal code)			
Phone:		Cell phone:	



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Email address:		Relationship to you:	

REFERENCE #3

First Name		Surname	
Title		Company name	
Address (number, street, city, province, postal code)			
Phone:		Cell phone:	
Email address:		Relationship to you:	

Fitness Assessment

All Candidates must successfully complete the Pemberton Fire Rescue Fitness Assessment as described below:

- The physical agility assessment is to see how the candidate performs physical components based on a validated maximum total time of 10:00 minutes.
- Throughout the assessment, the candidate will wear comfortable exercise style clothing.
- All assessment stations were designed to obtain the necessary information regarding physical ability. The tools and equipment were chosen to provide the highest level of consistency, safety and validity in measuring the candidate's physical abilities.
- The events are placed in a sequence that best simulates fire scene events. To ensure the highest level of safety, no running is permitted.
- Any participant may be stopped from performing if it looks to be an unsafe act on the participant's part. A two (2) minute penalty will be added if this occurs.
- All candidates must complete the PAR-Q and, if required, obtain permission from a physician to participate.



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SECTION I: SIGNATURE

Please read carefully:		Please Initial	
I, the undersigned, apply to enroll as a volunteer recruit member of the Fire Department and, if accepted, undertake to perform such duties as may be assigned to me by the Fire Chief or his delegated representative.			
I understand the promotional opportunities will depend upon positions becoming available, the results of work performance, training evaluation, the recommendation of the Fire Officers and approval of the Fire Chief.			
I verify that the information contained on this application form is true and accurate.			
I hereby give consent to the Pemberton Fire Rescue to conduct verification of the information given, as required.			
I agree to abide by the rules, regulations, policies, procedures, guidelines, and bylaws that govern the Pemberton Fire Rescue Department, the Village of Pemberton, and its Members.			
Signature		Date	

SECTION H: Attachments Checklist

Please remember to attach any documents	
	<i>Current BC Driver's License abstract with photocopy of your Driver's License If you have ever had your license suspended, please attach a note to explain</i>
	<i>Criminal record check and explanation (if applicable)</i>
	<i>Current certificates for firefighting, rescue or first aid training</i>
	<i>Your resume</i>
	<i>A completed Application Form</i>
	<i>A completed PAR-Q and, if necessary, a letter from your physician stating your ability to perform the Fitness Test</i>

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

DATE _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

RCMP-GRC Police Information Check

XXXX Police Use Only

Log:

Receipt:

Received at:

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:

Any applicable fee (see website for costs and payment options).

One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.

If you are unable to provide proper identification the police agency cannot complete your check.

Your Police Information Check will review all available law enforcement systems, including any local police records.

This check will NOT include: overseas or US records, traffic tickets, or municipal bylaw offences.

The results of this check will not be forwarded to a third party

(with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	
ADDRESS (Apartment, street # and name)	CITY	PROV POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)	

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)

*Check Completed
(office use only)

STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): ☒ Volunteer (attach letter) ☐ - Employment ☐ Other (specify below)

Key Contact Name: Grace Clark

Volunteer Agency/Employer Name: Pemberton Fire Rescue

Volunteer Agency/Employer Address and Phone Number: 1350 Aster Street, Pemberton, BC 604 894 6111

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: ☒ YES ☐ NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant Date of Birth
<u>VULNERABLE SECTOR APPLICANTS:</u>	
FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED	
<p>This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.</p>	
Reason for Consent:	
<p>I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).</p>	
<p>Description of the paid or volunteer position (<i>what you will be doing</i>): _____</p>	
<p>Provide details regarding the children or vulnerable person(s) (<i>what ages, type of client(s) you will be in authority over</i>): _____</p>	
<p>Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.</p>	
_____ Signature of Applicant	_____ Date Signed
<u>DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant</u>	
<p>By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.</p> <ul style="list-style-type: none"> Please list below all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed. Do Not disclose convictions for which you have received a pardon pursuant to the <i>Criminal Records Act</i>, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges. Do Not disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the <i>Youth Criminal Justice Act</i>. 	
Date of Conviction	Nature of Offence
Location/Jurisdiction	

Signature of Applicant

Date signed

Applicant Name

Applicant Date of Birth

SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the Pemberton RCMP and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality/Village of Pemberton, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date Signed

*******FOR OFFICE USE ONLY*******

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<u>CPIC</u>				
<u>PRIME</u>				
<u>PIP/LEIP</u>				
<u>JUSTIN</u>				
<u>VS – FP REQ.</u>				

NOTES (office use only):
