

# HALFMOON BAY VOLUNTEER FIRE DEPARTMENT

8972 Redrooffs Rd.

Halfmoon Bay, B.C. V0N 1Y2

e-mail halfmoonbay.fire@scrd.ca

ph (604) 885-6872

fax (604) 885-6859

## MEMBERSHIP APPLICATION

DATE: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

NAME: \_\_\_\_\_ M/F: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ BIRTH DATE: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

S. I. N.: \_\_\_\_\_ B.C. MEDICAL#: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE/PARTNER NAME: \_\_\_\_\_

INSURANCE BENEFICIARY: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ DRIVERS LICENSE CLASS: \_\_\_\_\_

AIR BRAKE ENDORSEMENT: YES  NO

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE#: \_\_\_\_\_

APPLICABLE CERTIFICATES (i.e. First aid): \_\_\_\_\_

IMMUNIZATIONS: (i.e. Hepatitis B) : \_\_\_\_\_

HOW LONG HAVE YOU RESIDED IN THE AREA: \_\_\_\_\_

ARE YOU WILLING TO BE CLEAN SHAVEN AS PER W.C.B. REGULATIONS: YES  NO

WOULD YOU BE WILLING TO UNDERGO A CRIMINAL RECORDS CHECK: YES  NO

ARE YOU WILLING TO ATTEND AT LEAST 70 Hrs of ALL PRACTICES: YES  NO

DO YOU HAVE ANY PAST EXPERIENCE IN FIREFIGHTING: YES  NO

HOW DID YOU HEAR ABOUT THE FIRE DEPT. \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

### **IN CASE OF EMERGENCY CALL:**

NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_ WORK#: \_\_\_\_\_

**GENERAL CONDITIONS:**

1. You live in the Halfmoon Bay Fire Protection District and have a telephone at your residence.
2. You must have and maintain a valid BC drivers license; a **Drivers Abstract is required before this application will be considered.**
3. You must have a licensed vehicle to respond to all incidents.
4. The decision to accept or reject your application will be the responsibility of the fire department executive committee.
5. Your acceptance to a probationary position will be conditional upon receipt of a medical approval from your doctor and a criminal records check by the Sechelt RCMP. We will provide the forms and reimburse you for any expenses incurred after acceptance as a regular member.
6. All applicants for regular membership shall serve a probationary period of six months (three months without a pager and three months with a pager), after which time he or she will be considered by the Executive Committee. The Executive Committee will submit its recommendation for the majority approval of the general membership and the applicant will then be advised of the decision.
7. If you do not already have an air brake ticket you will be required to obtain one. The air brake course must be taken in addition to the regular Wednesday night training sessions. The cost of the training course will be paid by the fire department.
8. Training sessions are each Wednesday night except for statutory holidays. Training begins at 7:00 PM and normally ends at 9:00 PM. Members must complete a **MINIMUM OF 70 Hrs.** of Training per year and fulfill their basic requirements.
9. If you are unable to attend any training sessions due to work or illness you are required to phone the training officer, or a department officer to advise them.
10. Failure to meet or follow any of the above conditions may require your dismissal from the department.
11. I verify that the information contained on this application form is true and accurate. I hereby give consent to the Halfmoon Bay Volunteer Fire Department to conduct verification of any information given, as required.

If accepted, I will undertake to perform all duties to the best of my ability, as may be assigned to me by the Fire Chief, or his delegated representative in the Halfmoon Bay Volunteer Fire Department.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE:**

DOCTOR'S APPROVAL RECEIVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DRIVER'S ABSTRACT RECEIVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CRIMINAL RECORDS CHECK RECIEVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ACCEPTED/REJECTED BY THE EXECUTIVE COMMITTEE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
COPY OF DEPARTMENT CONSTITUTION ISSUED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DEPARTMENT OPERATIONAL GUIDELINES ISSUED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OUTCOME OF VOTE BY GENERAL MEMBERSHIP	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**PROBATIONARY START DATE:** \_\_\_\_\_

**DATE ACCEPTED:** \_\_\_\_\_ **ACCEPTED BY:** \_\_\_\_\_