



Sooke Fire Rescue Department

2225 Otter Point Road, Sooke B.C. V9Z 1J2
250 642-5422 Fax: 250 642-3840 www.sooke.ca
Proudly Volunteering Since 1913



District of Sooke
Incorporated 1999

APPLICATION FOR VOLUNTEER POSITION WITH THE SOOKE FIRE RESCUE DEPARTMENT

Name: _____

Address: _____

SIN#: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Date of Application _____

<i>Office Use Only</i> Date Updated: _____
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Volunteer Fire Department Position Applying For:

Firefighter/Suppression	<i>Office Use Only</i> Fire Station Assignment: Station 1 (Sooke Centre) Station 2 (Saseenos)
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<p>PERSONAL INFORMATION</p> <p>Residency: How long have you resided in the District of Sooke? _____</p> <p>Where did you previously reside? _____ For how long? _____</p> <p>Hobbies and Interests: What do you do in your spare time? _____</p> <p>Are you involved in any sports activities? _____</p> <p>Is your family supportive of your application? _____</p>

<p>Health / Medical Information (circle the appropriate answer)</p>
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Are you in good physical condition?	Yes	No
Do you have any phobias (fear of heights, enclosed space etc.)?	Yes	No
<i>If you answered YES to above, what is the phobia(s)?</i> _____		
Do you wear glasses or contact lens?	Yes	No
Do you have any hearing difficulties?	Yes	No
Have you had any back problems that would prevent you from lifting heavy objects?	Yes	No
Has a doctor ever told you that your blood pressure was too high?	Yes	No
Have you recently completed a medical or fitness exam?	Yes	No
Have you ever experienced any respiratory or breathing difficulties?	Yes	No
NOTE: All members are subject to an annual lung capacity test		
Do you have any other medical condition or impairment we should be aware of?	Yes	No
<i>If you answered YES to ANY of the above, what is the condition or impairment(s)?</i> _____		
NOTE: Sooke Fire Rescue Department strives to meet NFPA 1582 – Medical Requirements for Firefighters. Follow up may be required. NOTE: If you wear glasses, specialized glasses may be required while using SCBA		
Health Care Card Number: _____		
Doctor: _____ Phone: _____		

Education	
<i>Please attach copy of GED, graduation certificate, trades qualifications, diplomas or degrees</i>	
Last Grade Completed: _____	Year Completed: _____

Post Secondary: _____	Year Completed: _____

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Technical or Trade: _____ _____	Year Completed: _____
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Employment Information

Current Occupation: _____

Current Employer: _____

Name of Supervisor(s): _____

Work Address: _____ Phone: _____

Do you work shift work? Yes No Hours of Work: _____ to _____

Date started current employment: _____

Will your current employer allow you to attend calls during work hours? Yes No

If yes, explain details: _____

If yes, Employers Signature: _____ Name: _____

Past Employment Information

If your current employment has been for less than 2 years, please detail your previous employer

Company Name: _____ Supervisor: _____

Employment Dates: from _____ to _____

Reason for leaving: _____

May we contact this employer? Yes No Phone #: _____

Company Name: _____ Supervisor: _____

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Employment Dates: from _____ to _____
Reason for leaving: _____
May we contact this employer? Yes No Phone #: _____

Availability:		
What time of the day would you normally be available to attend calls, or training activities?		
Daytime: _____	Night time: _____	Weekends: _____
Specialized Training		
<i>Please list any specialized courses, training, or past experience related to the fire rescue service</i>		
	YES - Details	NO
First Aid or First Responder		
CPR/AED		
Rescue Training		
Leadership Training		
Public Education Training		
Firefighting	Years served: _____ Rank or Position: _____ Fire Department Name: _____	
Any other relevant training: <i>(Swimming, coaching, SCUBA, etc)</i>		

Volunteer Work:		
Organization: _____	from _____	to _____
Organization: _____	from _____	to _____
Organization: _____	from _____	to _____

Drivers License Information:

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Please attach a copy of your driver's license and drivers abstract to this application.

BC Drivers License Class: _____ Air Brake Endorsement: Yes or No

Do you have any restrictions on your license? If yes, what numbers? _____

Do you have any points on your license? Yes or No If yes, how many? _____

NOTE: A driver's abstract of more than six points in the last three years or a major infraction may disqualify you from the application process.

Personal References:

1 Name: _____ Phone: _____

Address: _____

2 Name: _____ Phone: _____

Address: _____

I certify that I am not facing any criminal charges nor have a record for any criminal convictions. Yes No

I may have or do have a record for a criminal conviction or am facing criminal charges. Yes No

Details of any criminal record:

NOTE: A criminal record may result in your disqualification from this application process.

Authorization:

I hereby authorize Sooke Fire Rescue Department to review and authorize each character reference, employer and educational institution as named above to provide any information about myself in regards to this application.

I certify that the above information provided is correct and true to the best of my knowledge and I understand that falsifying any information on this application is justifiable cause for my immediate dismissal from Sooke Fire Rescue Service.

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I agree to complete a criminal record check with the RCMP.

Signature of Applicant: _____ Date: _____

Please ensure that you have completed the application in full and that all accompanying documents are included in your application package. The applicant is responsible for all costs that may be incurred in this application process.

Copy of your driver's license

Copy of your driver's abstract

Copy of your certificate of graduation or GED

Copy of any post secondary certificates or diplomas

Copy of any specialized training or related certificates

Incomplete application forms may not be processed!

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