



District of Sooke

Incorporated 1999

Sooke Fire Rescue Service

2225 Otter Point Road, Sooke B.C. V9Z 1J2

250 642-5422 Fax: 250 642-3840 www.sooke.ca

Proudly Volunteering Since 1913



APPLICATION FOR VOLUNTEER POSITION WITH THE SOOKE FIRE RESCUE SERVICE

Name: _____

Address: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

S.I.N.# _____

Email Address: _____

Date of Application _____

Office Use Only

Date Updated: _____

Volunteer Fire Department Position Applying For:

- ☐ Public Education Division
- ☐ Emergency Support Services
- ☐ Other: _____

PERSONAL INFORMATION:

Residency:

How long have you resided in the District of Sooke? _____

Where did you previously reside? _____ For how long? _____

Are you married / common law? _____ Children? _____ (ages)

Hobbies and Interests:

What do you do in your spare time? _____

Are you involved in any sports activities? _____

Is your spouse supportive of your application? _____



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Health / Medical Information: (circle the appropriate answer)

Are you in good physical condition?	Yes	No
Do you wear glasses or contact lens?	Yes	No
Do you have any hearing difficulties?	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
Do you have any other medical condition or impairment we should be aware of?	Yes	No

Health Care Card Number: _____

Doctor: _____ Phone: _____

Education:

Please attach copy of GED, graduation certificate, trades qualifications, diplomas or degrees

Last Grade Completed: _____	Year Completed: _____
Post Secondary: _____	Year Completed: _____
Technical or Trade: _____	Year Completed: _____



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Employment Information:

Current Occupation: _____

Current Employer: _____

Name of Supervisor(s): _____

Employee Address: _____ Phone: _____

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

Date started current employment: _____

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: _____

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 public education initiatives?

Daytime: _____ Night time: _____ Weekends: _____



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Specialized Training

Please list any specialized courses, training, or past experience related to public education in the fire rescue service

	YES	NO
First Aid or First Responder		
CPR/AED		
Leadership Training		
Public Education Training		
Any other relevant training: <i>(Teaching, Coaching, etc)</i>		
<hr/>		
<hr/>		
<hr/>		

Volunteer Work:

Organization: _____ from _____ to _____

Organization: _____ from _____ to _____

Organization: _____ from _____ to _____

Drivers License Information:

Please attach a copy of your driver's license to this application. A driver's abstract must also be included.

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.



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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 Service 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.

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. 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!