



# 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*



## District of Sooke

*Incorporated 1999*

### APPLICATION FOR VOLUNTEER POSITION WITH THE SOOKE FIRE RESCUE SERVICE

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIN#:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Application** \_\_\_\_\_

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

<input type="checkbox"/> Firefighter/Suppression <input type="checkbox"/> Public Education Division <input type="checkbox"/> Emergency Support Services <input type="checkbox"/> Other: _____	<i>Office Use Only</i> <b>Fire Station Assignment:</b> <input type="checkbox"/> Station 1 ( <i>Sooke Centre</i> ) <input type="checkbox"/> Station 2 ( <i>Saseenos</i> ) <input type="checkbox"/> Station 3 ( <i>Sunriver</i> )
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### **PERSONAL INFORMATION**

**Residency:**  
 How long have you resided in the District of Sooke? \_\_\_\_\_

Where did you previously reside? \_\_\_\_\_ For how long? \_\_\_\_\_

**Hobbies and Interests:**  
 What do you do in your spare time? \_\_\_\_\_  
 Are you involved in any sports activities? \_\_\_\_\_  
 Is your family 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 have any phobias (fear of heights, enclosed space etc.)? Yes No

If you answered YES to above, what is the phobia(s)? \_\_\_\_\_

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

If you answered YES to above, what is the condition or impairment(s)?  
\_\_\_\_\_

NOTE: Sooke Fire Rescue Service strives to meet NFPA 1582 – Medical Requirements for Firefighters

NOTE: If you wear glasses, specialized glasses may be required while using SCBA

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): \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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[fire.recruitment@sooke.ca](mailto:fire.recruitment@sooke.ca)



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<b>Specialized Training</b>		
<i>Please list any specialized courses, training, or past experience related to the fire rescue service</i>		
	<b>YES - Details</b>	<b>NO</b>
<b>First Aid or First Responder</b>		
<b>CPR/AED</b>		
<b>Rescue Training</b>		
<b>Leadership Training</b>		
<b>Public Education Training</b>		
<b>Firefighting</b>	<b>Years served:</b> _____ <b>Rank or Position:</b> _____ <b>Fire Department Name:</b> _____	
<b>Any other relevant training:</b> <i>(Swimming, coaching, SCUBA, etc)</i>		
_____		
_____		
_____		

**Volunteer Work:**

Organization: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Organization: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Organization: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**Drivers License Information:**

*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.



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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!**

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