



Wheatland County Fire Services Application Form

Name: _____ Mailing Address: _____

Phone Number: (Home): _____ (Cell): _____

Cell Phone Provider: _____ Email Address: _____

Birthday: _____ Social Insurance Number: _____

Do you have any medical conditions that would prevent you from firefighting duties: _____

If Yes, please specify: _____

Alberta Operator's License Class & Endorsements: _____

A clear color photocopy of the driver's license (front & back) must be submitted with this application.

Place of current employment: _____

How long have you been employed at your current job? _____

Do you object to us contacting your employer for references? _____

Do you object to a doctor's examination for physical fitness? _____

Have you had any previous Fire Fighting experience? _____ If Yes, where? _____

Why do you wish to join the Fire Department? _____

Which department do you wish to join?

Wheatland West ___ Carseland ___ Gleichen ___ Standard ___ Hussar ___ Rosebud ___ Rockyford ___ Dalum ___

Are you a Canadian Citizen? _____

% of time you are available for calls: Day _____% Night _____%



References (at least three (3), include names and telephone numbers) (preferably work related):

1. _____
2. _____
3. _____

I do hereby declare that should I be successful in my application for membership as a volunteer member of the Fire Department, I will obey and abide by the rules and regulations, standing orders, job duties, etc. of the Fire Department and if I fail to comply with these rules, I understand that I will be subject to disciplinary action. I understand that if accepted that I will be on six months' probation and that at any time during this probationary period, I may be asked to leave the Department for conduct unacceptable by the Fire Chief. I certify that all statements in this application are true. I agree and understand any misstatement of material facts in this application will cause loss of all right to volunteer with any Wheatland County Fire Department.

(All pending applications will remain on file for a period six (6) months. After that time applications and supporting documents will be destroyed and applicants are invited to apply again.)

Date: _____ 20____

Signature of Application: _____

***Please provide a criminal record check/vulnerable sector check with the application form (see letter attached). This letter must be taken to the RCMP Station to have the check completed. Once you have received your criminal record check/vulnerable sector check back, please provide the original to your Fire Chief.**

Fire Chief or Deputy Chief Use Only (please fill this out)

Received by: _____
(Print name and sign)

Approved by: _____
(Print name and sign)

Date of Approval: _____

The information gathered is for the purpose of the Wheatland County Fire Services form. This information is collected under the authority of s. 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). This form is intended for the purpose of applying for a volunteer firefighter and may be used to contact the submitter for additional information, if needed. Questions about collection of this information can be directed to the Wheatland County Information Management Specialist at (403) 403-361-2176 or foip@wheatlandcounty.ca

Under the Freedom of Information and Protection of Privacy Act (FOIP) s.33(c) personal information collected is necessary for the operations and activities of the Wheatland County Fire Services Application Submission.



WHEATLAND COUNTY FIRE SERVICES

This page must accompany the application form

To: All Wheatland County Fire Fighting Members
Re: Failing to Drive in a Responsible Manner
Referenced Documents: Alberta Traffic Safety Act and Regulations

Important Context: All members shall obey all the rules of the road when responding to the Fire Hall or Incident Scene using Non-Emergency Vehicles. For the Departments using Green Flashing Lights, these lights do not give any member permission to contravene the Traffic Safety Act.

If a substantiated offence occurs the Department will enforce the following:

- First Offence** A **“Verbal Warning”** will be issued to the member by the Fire Chief or his/her designate. A note of the verbal warning will be put in the Drivers File for that member.
- Second Offence** A **“Written Warning”** will be issued to the member by the Fire Chief or his/her Designate and the documentation will be put in the Drivers File for that member as a matter of record.
- Third Offence** A **“Written Warning”** and a **“One Month Suspension”** from the Department will be issued to the member by the Fire Chief or his/her designate and the documentation will be put in the Drivers File for that member as a matter of record.
- Fourth Offence** The member **“Will be Removed from the Department”** on a permanent basis.

First offence Verbal Warning note and Second and Third offence Written Warnings will be removed from the Drivers File after a period of two (2) years from the date of the written warning providing no other problems have arisen.

I have read and understand the above Internal Policy and agree to abide by it:

Dated at _____ Alberta the _____ Day of _____, 20____

Members Name: _____ Members Signature: _____



To Whom it May Concern,

Wheatland County Emergency and Fire Services requests the following volunteer fire applicant to complete a Criminal Record/Vulnerable Sector search.

I _____, have applied to become a volunteer firefighter with Wheatland County.

Fire Department: Choose an item.

Driver's License #: _____

(2 pieces of ID are required in person at the Police Station, with this letter)

Signature: _____

Date: _____ 20____

Thank you,

Mark Romaniuk
Deputy Regional Fire Chief



MEDICAL CLEARANCE FOR VOLUNTEER FIREFIGHTER DUTIES

CANDIDATE:

I, _____, Volunteer Firefighter, hereby release and forever discharge the County of Wheatland and the Wheatland County Fire Services, their officers, members, employees, servants, agents and assigns from any actions, causes of actions, claims and demands for damages, loss or injury as a result of the roles and responsibilities of a Volunteer Firefighter.

Volunteer Candidate Signature

Date

PHYSICIAN:

I, _____ Physician, am of the professional opinion and know of no medical reason or restrictions that the above named volunteer candidate is physically capable to take on the demands of a Firefighter.

Physician Signature

Date

In consideration of Wheatland County granting permission, I for myself, my heirs, executors, administrators and assigns waive claim to which I may become entitled for injury or damage and release, indemnify and hold harmless Wheatland County and Wheatland County Fire Services, , their officers, members, employees, servants, agents and assigns from any and all claims, demands, costs, expenses, actions or causes of action arising out of or in consequence of any loss, injury or damage suffered by me as a result of my work as a Volunteer Firefighter, including accident insurance benefits pursuant to the provisions of the Insurance Act R.S.A. 1980 c. 1-5.i

I further state, represent, and warrant that I am in and will maintain proper physical condition to take on the demands of a Volunteer Firefighter and am aware that participation could, in some circumstances, result in physical injury. I further state that I am aware any event may be, or become, dangerous. Without limiting generality of the foregoing, I further release any recourses that I may now or hereafter have resulting from any decision, order, or direction of Wheatland County and Wheatland County Fire Services or its officers, employees, servants, agents and assigns make during my service as a Volunteer Firefighter.

To the best of my knowledge, I am physically fit, I am physically capable of participating in this test and fulfilling duties as a Volunteer Firefighter. I acknowledge that any physical activity may involve risk and hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result. I voluntarily participate as part of my application for volunteer firefighter.

In Case of Emergency, I authorize you to contact:

Name: _____ Telephone#: _____

Relationship: _____



PHYSICAL, MENTAL AND EDUCATIONAL REQUIREMENTS

This page must accompany the application form

Firefighting can be physically and mentally demanding. The work environment requires the ability to react quickly and remain calm under stressful situations. Applicants must possess agility and stamina to perform all functions of this position under adverse conditions.

Therefore, all applicants shall be aware, that if the application is accepted by the Fire Department, that the following (and/or other) job requirements may present themselves and that the applicant can be expected to perform these or similar duties.

- 1) Wear Turnout Gear including Self Contained Breathing Apparatus (SCBA) weighing around 23 kg while performing firefighting and rescue duties.
- 2) Climb stairs in full turnout gear and SCBA while carrying additional weight of around 12 kg.
- 3) Drag 60m of 65mm fire hose and nozzle a distance of 60m.
- 4) Carry tools and equipment over uneven ground safely.
- 5) Work on ladders at heights in excess of 20m.
- 6) Crawl distances of around 15 m.
- 7) Work on roofs at various heights.
- 8) Drag weights around 70 kg for distances of around 8m.
- 9) Work in enclosed spaces.
- 10) Perform duties indoors and outdoors in all types of weather, day or night.
- 11) Attend bi-weekly practices approximately two (2) hours in length.

The applicant acknowledges the above (and/or other) job related skills that he/she may be asked to perform while on the job, in a classroom and/or in practice sessions.

By signing below the undersigned acknowledges that to the best of his/her knowledge he/she can perform these duties/tasks safely without hurting themselves, co-workers or the general public.

Date: _____ 20__

Name of Applicant: _____

Signature of Applicant: _____



Wheatland County Fire Services

DECLARATION OF CONFIDENTIALITY AND CONDUCT

AGREEMENT between the undersigned and the County of Wheatland Fire Services

IN CONSIDERATION of my being employed by Wheatland County Fire Services, I hereby promise, declare and pledge myself upon honour, solemnly and inviolably as if sworn thereto, and I hereby agree that I will at all times during such employment and after the termination thereof, observe and maintain the strictest secrecy as to all information of every kind acquired during such employment.

AND I hereby promise and agree that I will honestly and faithfully demean and conduct myself, and duly and diligently perform all the duties that devolve upon me during such contract with Wheatland County Fire Services.

DATED ON THIS _____ DAY OF _____ 20____

WITNESS

SIGNATURE

NAME (Please Print)