



Sechelt Fire Department

Paid-On-Call Firefighter Application Package

Job Description

The paid-on-call firefighter is responsible for rapidly and efficiently performing various duties under extremely stressful, emergency conditions that frequently involve considerable life hazards. Under the direction of the Fire Chief and Senior Officers, you will be responsible for skilled firefighting work involving the suppression and prevention of fires; emergency medical care and treatment; rescue of victims from various emergency situations including motor vehicle incidents, mitigation of hazardous materials incidents; and saving life and property. The role involves performing routine duties related to the maintenance of firefighting equipment and departmental property, attending regular training and public education events.

Responsibilities:

- Respond to emergencies including but not limited to: fires, rescues, public assistance, emergency medical incidents, and spills or leaks of hazardous materials.
- Remain calm and professional in emergency situations.
- Operate fire apparatus and equipment.
- Work for extended periods of time in difficult and potentially hazardous situations.
- Assist with cleaning and preparing equipment, and maintenance of personal equipment.
- Attend weekly training sessions and other training and meetings as required.
- Take part in public events and public education.
- Other assigned duties as required.

Minimum Entrance Qualifications:

- Canadian Citizenship or Permanent Resident.
- Be over the age of 19.
- Must be in good physical condition and able to successfully complete a physical evaluation.
- Hearing must be normal without aids.
- Vision must be at a level (aided or unaided) of being able to safely perform all essential job tasks.
- Live within a 10-minute driving distance of the Sechelt Fire Department at time of application.
- Possess a satisfactory criminal record check that will not hamper one's ability to obtain a First Responder's Medical License.
- Possess and maintain valid Class 5 BC Driver's License.
- Possess a satisfactory Driver's Abstract.

Required Time Commitment:

- Must maintain minimum attendance for weekly practices, incidents, and events as per Operational Guidelines:
 - 100% percent attendance to regular scheduled training during six (6) month probation period
 - Complete 75% of the Annual Core Skills Review
 - 60% percent annual attendance to regularly scheduled training
- Attendance to calls, including on weekends, holidays and nights



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- Able to attend Public Education events and other fire department related events as requested.
- Must be available to respond as a member in the night time Duty Crew Rotation: typically, two nights on followed by ten nights off.

On the Job Training:

- Recruit Training Bootcamp
- Completion of the NFPA 1001 Level I & II
- Completion of EMA First Responder
- Emergency vehicle driver training
- Attendance to additional training courses as required
- All required courses, training materials, travel, accommodations and meals are paid for by the fire department



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Please carefully consider these questions to decide if being a volunteer firefighter is the right choice for you:

1. Do I make ethical and responsible choices in my day-to-day life and at work?
2. Have I taken part in any unlawful activities in the past three years that could affect the result of a Criminal Record Check?
3. Do I treat others with respect, dignity and professionalism at all times regardless of their circumstances?
4. Do I work effectively as part of a team?
5. To the best of my knowledge, am I physically and mentally able to perform the duties of a Firefighter?
6. Many recruits have had to withdraw their applications due to priorities in their personal lives – am I sure, my personal and family commitments can allow the necessary time commitment?
7. Am I able to work for extended periods under difficult and potentially hazardous situations?
8. Am I able to perform duties effectively in confined spaces, at heights, and with limited visibility?
9. Do I have the ability to remain calm and professional in emergency situations involving extreme stress and distraught persons?
10. Do I have substance abuse issues or compulsive behaviours that might be exacerbated by the stress involved in performing the duties of a Firefighter?
11. Do I have an adequate personal support system in place to assist me in handling the stress that I may encounter as a Firefighter?
12. Do I have the ability to motivate others and myself even in difficult situations?
13. Am I prepared to take orders from superiors and to carry out complex instructions?
14. Do I have any outside business activities or potential conflicts of interest that might compromise my ability to perform properly the duties of a Firefighter?
15. Have I actively supported my community and the interests of others?



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Section A: Name and Contact Information				
First Name		Last Name		
Home Address (Street, City, Province, and Postal Code)				
Home Phone:		Cell Phone:		
Email Address:				
Are you a Canadian Citizen / Permanent Resident			YES	NO

Section B: Basic Requirements				
Do you currently live within 10 minute driving distance of the Sechelt Fire Department?	YES		NO	
Do you currently work in Sechelt?	YES		NO	
Are you 19 years of age or older?	YES		NO	
Do you believe you are free of medical conditions that may preclude your participation as a volunteer firefighter?	YES		NO	
Have you attached a criminal record check completed within the past 6 months? <i>Please request a criminal record check with the SFD provided letter and form.</i>	YES		NO	
Do you have a current BC class 5 Non-Restricted driver's license? <i>If 'yes,' please attach an abstract and a photocopy of your Driver's License. If you have ever had your license suspended, please attach a note with an explanation.</i>	YES		NO	
Air Brakes Endorsement <i>Preferred, but not required.</i>	YES		NO	

SECTION C: Availability				
Are you willing and able to participate in a <u>minimum</u> of one 2 hour practice session every week and maintain a <u>minimum</u> attendance rate of 60% or greater?	YES		NO	
Do you understand that in order to be available for Duty Crew rotations or emergency call-outs, you must be able to arrive at the fire station promptly and have abstained from alcohol and drugs?	YES		NO	
Are you willing and able to retain and wear an emergency pager and respond to emergencies, when available, 24 hours per day, seven days per week, 365 days per year?	YES		NO	
Are you willing and able to participate in weekend training programs as required?	YES		NO	



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SECTION D: Employment History				
Are you currently employed?			YES	NO
Current Employer:				
Position Title:		Years Held:		
Address:				
Responsibilities:				
Have you discussed your application to the Sechelt Fire Department with your employer? <i>Please provide your employer with the Employer Information Letter</i>			YES	NO
If yes, does your employer consent to you responding to emergencies during business hours when your schedule allows? <i>Please submit signed Employer Information Letter</i>			YES	NO
Previous Employer:				
Position Title:		Years Held:		
Address:				
Responsibilities:				
Reason for leaving:				

SECTION E: EDUCATION AND TRAINING				
Have you completed Grade 12 or equivalent?			YES	NO
Do you have any post-secondary education? <i>If 'yes', please describe:</i>			YES	NO
Please place a check mark next to any of the following training you have completed, and attach photocopies of current certificates:				
FIREFIGHTING		Explain:		
RESCUE		Explain:		
FIRST AID		Explain:		
OTHER		Explain:		



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SECTION F: WILLINGNESS

Do you understand that volunteer firefighters are expected to be in good physical condition, and do you feel you are physically able to participate in a physical evaluation as part of the selection process?

YES

NO

Do you understand that successful applicants are required to remain without facial hair to ensure a self-contained breathing apparatus mask will form a positive seal on the face? (Moustache and short sideburns are acceptable as long as they don't affect the seal)

YES

NO

SECTION G: REFERENCES

Please provide two professional references.

Is it permissible for fire hall personnel to contact your current employer as a reference?
If 'no', please explain:

YES

NO

REFERENCE #1

First Name

Last Name

Title

Company name

Phone

Email address

Relationship to you

REFERENCE #2

First Name

Last Name

Title

Company name

Phone

Email address

Relationship to you



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SECTION H: Physical Evaluation

The following drills are to assess the candidate's physical abilities, fear of heights, claustrophobia and dexterity skills required for firefighting. All skills will be demonstrated by a department member. Each applicant will be warned to stop if they experience difficulty when doing the exercise. Each applicant will perform the tasks in full turnout gear. The applicant will be rated "pass/fail". Department evaluators will note any hesitation or difficulty of the applicant in performing the task.

1. Ladder Climb: Applicant will be required to climb to the tip of the extended tower ladder and return to the ground.
2. SCBA Face Piece Wear: Applicant will be directed to follow a number of steps and directions given by a department member, while wearing obscured SCBA mask.
3. Hose Coupling: Applicant will be given various hose and appliances and instructed to connect the parts together to the best of their ability.
4. Advance of Charged Line: Applicant will advance a charged 1 ½" hose line from a marked point 35ft in one direction, 35ft in a sideways direction.
5. Hose Drag: Applicant will advance a 150ft length of dry 2 ½" hose a distance of 100ft.
6. Apartment Pack Advance: Applicant will carry an apartment pack to the top floor of the test building while wearing a SCBA, but without a mask.
7. Tool Hoist: Applicant will hoist a chainsaw a height of four stories and lower back to the ground.
8. Ladder Lift and Carry: Applicant will lift a 24ft extension ladder from the ground and carry a distance of 90' and place back on the ground.
9. Tool Carry: Applicant will lift and carry two weighted objects (approximately 25lb & 35lb) 25ft and place them down again
10. Dummy Drag: Applicant will perform the drag of a 165lb dummy at a marked distance of approximately 55ft.



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SECTION I: SIGNATURE			
Please read carefully:			Initial
I, the undersigned, apply to enroll as a volunteer recruit member of the Sechelt Fire Department and, if accepted, undertake to perform such duties as may be assigned to me by the Fire Chief or his delegated representative.			
I verify that the information contained on this application form is true and accurate.			
I hereby give consent to the Sechelt Fire Department to conduct verification of the information given, as required.			
I agree to abide by the rules, regulations, policies, procedures, and guidelines that govern the Sechelt Fire Department, and Its Members.			
Signature		Date	

SECTION J: Attachments Checklist	
Please remember to attach all relevant documents	
	<i>Current BC Driver's License abstract with photocopy of your Driver's License If you have ever had your license suspended, please attach a note to explain</i>
	<i>Criminal record check and explanation (if applicable)</i>
	<i>Current certificates for firefighting, rescue or first aid training</i>
	<i>Your resume</i>
	<i>Letter of Intent outlining why you want to join the Sechelt Fire Department and the skills and experience you would bring to the department</i>
	<i>Signed Employer Information Letter</i>
	<i>A completed Application Form</i>
	<i>A completed Medical Examination Form</i>



Sechelt Fire Department

Employer Information Letter

Dear Employer:

As you are probably aware by now, one of your employees is considering joining the Sechelt Volunteer Fire Department. This major step can only be accomplished by all people involved knowing what is expected of them. This certainly is true for the employers of the prospective members. The following information is designed to explain to you the benefits and draw backs of having a volunteer firefighter on your staff.

The Sechelt Fire Department has a rich history of service to the community stretching back over 80 years. It has been through the tireless efforts of the volunteer members that this has been possible.

To everyone's benefit, the bulk of the work is still being done by our volunteers and shall remain this way for many years to come. This very real community benefit comes at a cost though, one of hard work and commitment on behalf of the firefighters and of patience, support and understanding on behalf of their families and employers.

Firefighters are trained in first aid. This is of great help in case of an accident at your work site and is often a Worksafe BC requirement.

Firefighters are taught to be resourceful, adaptable, competent, loyal, determined, tolerant, obedient and are able to work within a team structure. All great qualities in an employee.

The only drawbacks of employing a volunteer firefighter is that there are times when they will be called to an alarm during working hours, or may be tired during the work day after a late-night fire. Although these are important points, it's been our experience that the benefits far outweigh the negatives in this regard. Should you agree to release your employee during work hours you will need to come to an agreement as to under what conditions this will happen. We understand that there are times that you just can't let them go.

Please be considerate of this request as others have been before you. This is the way fire protection is provided here and in most other areas of North America.

There is a place for your signature at the bottom of this letter. Your signature confirms your willingness to come to an agreement with your employee in regards to responding to alarms during working hours.

Thank you in advance for your cooperation.

Best regards,

Chief Dwight Davison

Employer Name		Company Name	
Employer Signature		Date	



Sechelt Fire Department

Firefighter Medical Examination

Last Name: _____ Given Names: _____

Date of Birth: _____ / _____ / _____
Year Month Day

The medical examination to be performed is to determine if the person above has maintained an acceptable level of fitness to perform as a Firefighter and has not contracted any disabling disease or disability that would prevent him/her from functioning effectively on the fire ground.

Worksafe BC Regulation Part 31, section 31.20 – Fitness to use Self Contained Breathing Apparatus (SCBA)

*A physician's certificate of fitness to use **SCBA** must be provided to the employer by a firefighter who:*

- a) Experiences breathing difficulty while using the apparatus, or*
- b) Is known to have heart disease, impaired pulmonary function, or any other condition that might make it dangerous for the firefighter to use self-contained breathing apparatus.*

The physician shall determine using any testing procedures that they feel necessary, if the above named person is fit under the listed criteria below for firefighting duties. This is done to help ensure that the firefighter will not jeopardize themselves or others that they may come into contact with while performing their duties.

FIT FOR FULL DUTY:

*Able to respond to emergency incidents and enter into an atmosphere that is IMMEDIATELY DANGEROUS TO LIFE and HEALTH (IDLH) and fit to wear **SCBA** as per Worksafe Part 31, Section 31.20*

FIT FOR LIGHT DUTY:

*Able to respond to emergency incidents, take a support role and be able to drive fire apparatus. The firefighter is not able to enter in to an IDLH atmosphere and is not allowed to wear **SCBA** as per Worksafe BC Part 31, Section 31.20.*

UNFIT FOR DUTY:

*Not able to respond to emergency incidents, but able to help out around the fire hall as the department sees fit. The firefighter is not able to enter into an IDLH atmosphere and is not allowed to wear **SCBA**.*

1. If a fee is applicable for the service of the physician it is to be billed to the Sechelt Fire Department,
P.O. Box 944 Sechelt, BC V0N 3A0.



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Firefighter Medical Examination

2. To function safely and effectively as a member of the fire department, it is essential that the applicant be physically and mentally fit to perform the varied duties of a firefighter.

3. Blood Pressure _____ / _____ Pulse _____ Resp. Normal Yes____ No_____

4. Vision: Without Glasses R 20/ _____ L 20/ _____

With Glasses R 20/ _____ L 20/ _____

5. History of significant previous illness:

6. Is there any evidence or history of:

Allergies	YES		NO		Seizure Disorder	YES		NO	
Heart Disease	YES		NO		Diabetes	YES		NO	
Hypertension	YES		NO		Infectious Disease	YES		NO	
Asthma	YES		NO		Arthritis	YES		NO	
Other Respiratory Disease	YES		NO		Back Pain/Disorder	YES		NO	
Fainting Spells	YES		NO		Hernia	YES		NO	
Dizziness	YES		NO						

7. Is this your first contact with this patient? Yes / No

8. If no, how long have you treated the patient? _____

9. Are there any reasons to be concerned that the applicant can safely operate a fire apparatus under stressful situations? Yes / No

10. Is the patient taking any regular medication which may affect duties? Yes / No

If yes, please specify: _____

11. In light of your examination please recommend a frequency that you would like to see this patient again for a follow up examination and revaluation.

Every year ____ Every two years ____ Every three years ____ Every four years ____



Sechelt Fire Department

Firefighter Medical Examination

12. In light of your examination, findings and the guidance of this form:

DO YOU CONSIDER THE PATIENT PHYSICALLY AND MENTALLY CAPABLE OF PERFORMING THE DUTIES OF A FIREFIGHTER?

CIRCLE ONE:

FIT FOR FULL DUTY

FIT FOR LIGHT DUTY

UNFIT FOR DUTY

Physician (signature) _____ Date: _____

Physician Name (print) _____

Address _____

Phone Number _____ Cell _____

Email address _____

THIS INFORMATION AND ALL OTHER PERSONAL INFORMATION THAT IS GATHERED IS KEPT IN THE STRICTEST OF CONFIDENCE AND USED SOLELY FOR ITS INTENDED PURPOSE.

PLEASE RETURN COMPLETED FORM AND INVOICE IF ANY TO:

*DWIGHT DAVISON, FIRE CHIEF
SECHELT FIRE DEPARTMENT
BOX 944, SECHELT BC V0N 3A0*



Sechelt Fire Department

RCMP
Sunshine Coast
P.O. Box 188
Sechelt, BC
V0N 3A0

September, 2025

Attention: Administration, RCMP

It is a requirement of the Sechelt Volunteer Fire Department that prospective volunteers complete the following two criminal record searches as part of the application process:

- “Consent for disclosure of criminal record information”.
- “Consent for a criminal record check for a sexual offence for which a pardon has been granted or issued”, which at times requires fingerprinting.

Your help in obtaining this information is appreciated. If you require more information, please do not hesitate to contact me.

Dwight Davison, Fire Chief
Sechelt Fire Department

RCMP Use Only		
Paid:	☐	
Vol/Stu:	☐	
Gib:	Sec:	MP:
☐	☐	☐

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:

Any applicable fee (see website for costs and payment options).

One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.

If you are unable to provide proper identification the police agency cannot complete your check.

Your Police Information Check will review all available law enforcement systems, including any local police records.

This check will NOT include: overseas or US records, traffic tickets, or municipal bylaw offences.

The results of this check will not be forwarded to a third party

(with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	
ADDRESS (Apartment, street # and name)	CITY	PROV POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)	

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)

*Check Completed
(office use only)

STREET NAME: _____	CITY: _____	PROVINCE: _____	☐ yes ☐ no
STREET NAME: _____	CITY: _____	PROVINCE: _____	☐ yes ☐ no
STREET NAME: _____	CITY: _____	PROVINCE: _____	☐ yes ☐ no
STREET NAME: _____	CITY: _____	PROVINCE: _____	☐ yes ☐ no
STREET NAME: _____	CITY: _____	PROVINCE: _____	☐ yes ☐ no

REASON FOR APPLICATION (check appropriate): ☐ Volunteer (attach letter) ☐ Employment ☐ Other (specify below)

Key Contact Name: _____

Volunteer Agency/ Employer Name: _____

Volunteer Agency/ Employer Address and Phone Number: _____

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: ☐ YES ☐ NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
<u>VULNERABLE SECTOR APPLICANTS:</u>	
FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED	
This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.	
Reason for Consent:	
I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).	
Description of the paid or volunteer position (<i>what you will be doing</i>): _____	
Provide details regarding the children or vulnerable person(s) (<i>what ages, type of client(s) you will be in authority over</i>): _____	
Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.	
_____ Signature of Applicant	_____ Date Signed
DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant	
By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes. Please list below all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed. Do Not disclose convictions for which you have received a pardon pursuant to the <i>Criminal Records Act</i>, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges. Do Not disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the <i>Youth Criminal Justice Act</i>.	
Date of Conviction	Nature of Offence
	Location/Jurisdiction

Signature of Applicant

Date signed

Applicant Name	Applicant DOB
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SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the Sunshine Coast RCMP and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Sunshine Coast RCMP, District of Sechelt, and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date Signed

*******FOR OFFICE USE ONLY*******

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<u>CPIC</u>				
<u>PRIME</u>				
<u>PIP/LEIP</u>				
<u>JUSTIN</u>				
<u>VS - FP REQ.</u>				

NOTES (office use only):
