Appendix "B"



Hastings Highlands Fire Department 33011 Hwy 62 North, P.O. Box 130 Maynooth, ON K0L 2S0

VOLUNTEER FIREFIGHTER APPLICATION

I hereby make application for the above position with the Hastings Highlands Fire Department and submit the following information for this application.

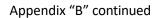
A. PERSONAL INFORMATION (Complete all areas in this section)

Surname:		Given Name	(s)		_Initial:
Street Address of residence:					
No.	Stre	eet	City		Postal Code
Mailing Address (if different from above):		<u> </u>	0.1		D 110 1
	No.	Street	City		Postal Code
Home Phone:		Cell:	Wor	k Phone: _	_
Email:					
Date of Birth: (YYYY/MM/DD)					
Next of Kin:		Addraga			
Name:Phone #:	_	Relationship:			
Do you regularly reside within the Mu	unicipali [.]	ty?		Yes	No
How long have you lived at you curre	ent addr	ess?			
Are you legally eligible to work in Car	nada?			Yes	No
When are you available to respond? (To emerg	ency calls): Day	/s Evenings	_ Nights	_Weekends
Do you have your own vehicle for tran	nsportati	on?		Yes	No
Are there any factors that would inter difficulties with heights or confined sp			o fulfill the duties o		er Firefighter (e.g No
If yes, please describe how any such	n factors	may interfere:			
Do you have any previous firefighting	experie	nce?		Yes	No
If yes, where and for how long:					
Do you have a valid First Aid/CPR cer	rtificate?			Yes	No
If yes, who are you certified with and	what is	the expiry date	:		



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	Will you be able to participate in scheduled weekly (Wednesday 7p.m. – 9p.m.) training sessions? Yes No
	Will you be able to commit to and participate in mandatory Firefighter I (FF I) and Firefighter II (FF II) training? (FFI consists of three (3) weekends in class and approx. 30 hrs. online; FF II consists of three (3) weekends and approx. 20 hrs. online) Yes No
	If no explain:
	Will you be able to attend the occasional training or education opportunity that may take you away from home for up to a week at a time? Yes No
	If no explain:
	Do you have difficulty dealing with the sight of blood and injured persons? Yes No If no explain:
	Briefly describe why you would like to become a member of the Hastings Highlands Fire Department and from the list below select possible job titles you would be interested in: (circle all that apply)
	Pump Operator Fire Prevention Exterior Operations Interior Operations Officer Other
В.	Do you have a valid driver's licence: Class: Expiry Date: EMPLOYER INFORMATION
	It is important that your employer is aware that you have applied to be a Volunteer Firefighter, as it may require you to be away from your regular employment at various times, depending on your schedule.
	Have you informed your employer that you are applying for this position? Yes No
	Will your employer allow you to respond to emergency calls during work hours? Yes No
	Is your current regular work location within the Municipality of Hastings Highlands? Yes No





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C. WORK EXPERIENCE/OTHER SKILLS/QUALIFICATIONS

EDUCATION (Complete	all appropriate areas in this section)	
	an appropriate areas in this section,	
Secondary School (Educa	tion, grade achieved):	
Business, Trade or Techi	nical School: Name of course:	
Community College: Nam	ne of Program:	
University: Name of Progr	ram:	
REFERENCES: (Com	plete all appropriate areas in this section	on)
	nd telephone number of at least two ay not be your relative, friend or you	professional references who we may ur employee.
1. Name:	Phone:	Email:
2. Name:	Phone:	Email:
I hereby declare that the landerstand that a false or, if I become a member to conduct verification of	statement may disqualify me from , may be cause for my dismissal.	I complete to the best of my knowl m membership in the Fire Departn . I give consent to Hastings Highla ed, and understand that proof of t
The personal information The Municipal Freedom of	collected shall only be used and	disclosed in accordance with Privacy Act R.S.O. 1990 C. M. 56 for