



ROBERTS CREEK VOLUNTEER FIRE DEPARTMENT

1302 Roberts Creek Rd.,
Roberts Creek, BC V0N 2W2

ph (604) 885-6871
fax (604) 885-6857

MEMBERSHIP APPLICATION

NAME: _____ DATE: _____

STREET ADDRESS: _____

RENT OWN

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

BIRTH DATE: _____ SIN: _____

BC HEALTH INSURANCE #: _____ MARITAL STATUS: _____

DRIVERS LICENSE #: _____ CLASS: _____

AIR BRAKE ENDORSEMENT YES NO

APPLICABLE CERTIFICATES (i.e. First aid) and SPECIAL ABILITIES: _____

IMMUNIZATIONS: (i.e. Hepatitis B) _____

EMPLOYER: _____ WORK PHONE: _____

WILL EMPLOYER ALLOW RESPONSE TO CALLOUTS DURING WORK YES NO

IN CASE OF ACCIDENT CALL:

NAME: _____ HOME #: _____ WORK #: _____
(Life Insurance Beneficiary)

NAME: _____ HOME #: _____ WORK #: _____

NAME: _____ HOME #: _____ WORK #: _____

GENERAL CONDITIONS

- 1) You must live in the Roberts Creek Fire Protection District and have a telephone at your residence.
- 2) You must have and maintain a valid BC driver's license; **the Drivers Abstract form must be submitted to ICBC.**
- 3) **The Criminal Records Disclosure forms must be submitted to the RCMP.**
- 4) You must have a licensed/insured vehicle to respond to all incidents.
- 5) The decision to accept or reject your application will be the responsibility of the fire department executive committee.
- 6) Your acceptance to a probationary position will be conditional upon receipt of a medical approval from your doctor. We will provide the form and reimburse you for any expenses incurred. A doctor's approval will be required every five years.
- 7) The probationary period will be for a minimum period of 6 months following which there will be an evaluation of your fire fighting knowledge, department procedures and attendance. The executive committee may extend the probationary period depending upon the outcome of the evaluation. Once the probationary period has been completed to an acceptable level there will be a vote on your acceptance by the general membership.
- 8) If you do not already have an air brake ticket you will be required to obtain one prior to completion of your probation. The air brake course must be taken in addition to the regular Wednesday night training sessions. The cost of the training course will be paid by the fire department.
- 9) Training sessions are each Wednesday night except for statutory holidays. Training begins at 7:00 pm and normally ends at 9:00 pm. In addition to attending a minimum of 75% of the Wednesday night sessions you may be required to attend other training sessions, work parties, and other department functions organized by the department. A \$20/practice training stipend will be paid quarterly; you will be considered absent if you arrive more than ½ hour after practice has commenced.
- 10) If you are unable to attend any training session you are required to phone the training officer, the department secretary, or a department officer to advise them.
- 11) Failure to meet or follow any of the above conditions may necessitate your dismissal from the department.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION

SIGNED: _____

FOR OFFICE USE:

DOCTOR'S APPROVAL RECEIVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DRIVER'S ABSTRACT RECEIVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CRIMINAL RECORDS CHECK RECEIVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ACCEPTED/REJECTED BY THE EXECUTIVE COMMITTEE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
COPY OF DEPARTMENT CONSTITUTION ISSUED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DEPARTMENT OPERATIONAL GUIDELINES ISSUED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OUTCOME OF VOTE BY GENERAL MEMBERSHIP	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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1302 Roberts Creek Rd.,
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fax (604) 885-6857

Dear Doctor,

_____ has applied to become a member of the Roberts Creek Volunteer Fire Department. Fire fighting can be extremely stressful because it involves performing hard work in high temperatures under poor conditions. Because of this we have to be sure that all applicants are free from physical disabilities that may impair their fire fighting capabilities.

We require confirmation from you that this applicant is physically fit and, in your opinion, able to work as a fire fighter. We do not specifically require that you give this applicant a physical exam but we do require that you read and sign the statement on the bottom half of this letter.

Yours truly,

BRUCE SEARLE
FIRE CHIEF - RCVFD

DATE _____

ROBERTS CREEK VOLUNTEER FIRE DEPARTMENT

ATTENTION: FIRE CHIEF BRUCE SEARLE

Dear Chief Searle

I have examined _____ and I am of the opinion that he/she is physically fit and able to work as a fire fighter.

I acknowledge that fire fighting can be extremely stressful and strenuous and have advised _____ of the importance of remaining in good physical condition. I further have recommended that he/she have an annual physical examination.

Yours truly,

Please print your name: _____

Clinic address: _____



**National Safety Code Abstract
Personal Request Form**

Licensing Support Services
PO Box 3750
Victoria BC V8W 3Y5

Telephone: 250-414-7732
Fax: 250-978-8012

Please type or print clearly, illegible information cannot be processed.

LAST NAME	FIRST NAME	SECOND NAME
DRIVER'S LICENCE NUMBER	DATE OF BIRTH (ddmmmyyyy)	

SIGNATURE OF DRIVER
(REQUEST WILL NOT BE PROCESSED IF SIGNATURE MISSING)

DATE

Return abstract by:

<input type="checkbox"/> Mail	TO MY MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE
	OR			
	TO NAME OF CARRIER OR COMPANY			
	MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE

<input type="checkbox"/> Fax	TO MY FAX NUMBER
	OR
	TO NAME OF CARRIER OR COMPANY
	FAX NUMBER

<input type="checkbox"/> Email	TO MY EMAIL ADDRESS
	OR
	TO NAME OF CARRIER OR COMPANY
	EMAIL ADDRESS

A National Safety Code Driver's Abstract is also available by attending any Insurance Corporation of British Columbia Driver Services Centre or by calling Customer Contact at 250-978-8300 (in Victoria) or toll free at 1-800-950-1498.



Royal Canadian
Mounted Police

Gendarmerie royale
du Canada

CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION

PART 1

IF COMPLETED MANUALLY, PLEASE PRINT

Surname		Given name (1)		Given name (2)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Tel. no. (incl. area code)	
Address (no., street, apt.)			City		Province		Postal code		
Date of birth (yyyy-mm-d)		Place of birth		Driver's licence no.		Usual first name or alias		Maiden name/Any other Surname	
Previous address if less than 5 years at current address Address (no., street, apt.)			City		Province		Postal code		

PART 2

Pursuant to Section 8(1) of the Privacy Act of Canada, I hereby authorize the Royal Canadian Mounted Police to disclose my personal information to:

Full name Bruce Searle		Title Fire Chief		Name of organization Roberts Creek Fire Department	
Address (no., street, apt.) 1302 Roberts Creek Rd.		City Roberts Creek		Province British Columbia	
				Postal code V0N 2W2	

PART 3

WAIVER AND RELEASE:
I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, causes of actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

PART 4

This consent is valid for a period of three months from the date of signature.
Signed this _____ day of _____ Signature of applicant _____

PART 5

Following is information contained in the records of the RCMP or records from other police forces accessible through computer queries and is based on a name and date of birth check only. ****A record may or may not exist** for the subject of this inquiry, positive identification and a certified criminal records check can only be obtained through a fingerprint check. This can be made with the submission of a complete set of fingerprints to:

INFORMATION AND IDENTIFICATION SERVICES
CANADIAN CRIMINAL RECORD INFORMATION SERVICES
1200 Vanier Parkway
OTTAWA, ONTARIO K1A 0R2

YOUNG OFFENDER INFORMATION - The Youth Criminal Justice Act/Young Offenders Act make it an offence to disclose young offender information. In cases where an adult's record contains young offender information or a young offender requests a copy of his/her criminal record, the criminal record information **MUST** be given to the requester. Individuals can disclose their own information, but even with consent the RCMP are not legally permitted to disclose young offender information.

INSTRUCTION TO REQUESTERS: The following section contains varying degrees of police information.

- Confirm with the party identified in PART 2, the exact information they require.
- Choose the category which best symbolizes the information you are providing consent for the RCMP to disclose and place your initials in the appropriate INITIALS box.
- The party identified in PART 2 will be advised accordingly of negative checks.
- Checks resulting in possible "hits" for information identified in categories 1, 2 or 3 will require confirmation by the submission of fingerprints.
- You will be required to confirm that information located through the checks stipulated in category 4, is your personal information.
- You may withdraw this consent prior to disclosure.

No.	Initials	Category of Information for Disclosure	FOR POLICE USE ONLY
1.		Records of criminal convictions found in the Identification Data Bank attainable through the Canadian Police Information Centre (CPIC) for which a pardon has not been granted. RCMP: Make CPIC Criminal Record "LEVEL 1" Query ONLY.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
2.		Records of criminal convictions attainable through CPIC for which a pardon has not been granted plus records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC. RCMP: Make CPIC Criminal Record "LEVEL 1" Query AND a Persons CPIC Query.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
3.		Records of criminal convictions and summary of police information (including records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC) attainable through CPIC for which a pardon has not been granted plus records of discharges which have not been removed from the Identification Data Bank in accordance with the Criminal Records Act. This will include all charges regardless of disposition. RCMP: Make CPIC Criminal Record "LEVEL 2" Query AND a Persons CPIC Query.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
4.	<input checked="" type="checkbox"/>	Police information located on computer systems (e.g. Police Information Retrieval System (PIRS), CPIC) and information located through local police indices checks. This will include all information related to non convictions and all charges regardless of disposition. RCMP: Make Persons Queries on PIRS and CPIC. In view of the general nature of this information confirm with requester this is in fact information pertaining to him/her. Requesters MUST confirm information which pertains to them prior to disclosure. If a discrepancy exists, do not disclose this information.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist

COMPLETED BY

Member (signature)	Reg. no.	Unit	Date
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CPIC Reference Manual (Appendix I-2-D)

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 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 convictions 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.)

Identification of Applicant:

Full Name:	
Reason for Consent: I am an applicant for a paid or volunteer position with person or organization responsible for the well-being of one or more children or vulnerable persons.	
Description of the paid or volunteer position:	Fire Fighter
The name of the person or organization is:	Roberts Creek Volunteer Fire Department
Provide details of the children or vulnerable persons: May be required to make fire prevention presentations to children at school and/or during the fire hall Open House or similar activities.	

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule of 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 Solicitor General 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 that 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:	Date:
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