



## Recruitment Package

- Membership Application
- Medical Check
- Driver's Abstract
- Criminal Records Check

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**THANK YOU FOR TAKING AN INTEREST IN BECOMING A VOLUNTEER FIREFIGHTER HERE IN  
XWESAM/ROBERTS CREEK.**

**WE'RE SURE YOU HAVE SOME QUESTIONS. HERE ARE A FEW QUICK ANSWERS TO  
FREQUENTLY ASKED QUESTIONS.**

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*Do I have to have skills and knowledge prior to volunteering as a firefighter?*

No, you just need the time and willingness to learn. We will give you the opportunity to learn everything you need to know.

*How much time is required to be a volunteer?*

We meet once per week for 2 hours training. We ask that you attend at least 80% of the practices. Our pagers are always on but we understand that everyone has lives. You don't always need to be on, but we ask that you respond to 75% of calls. If you have commitments and will be away or off duty, we ask that you let the officers know so that we are aware of firefighter coverage.

*What is the process for becoming a member of the department?*

It all starts with the application paperwork. Once an applicant fills it in and submits the required forms, you will be asked to come in and meet with a Chief Officer for an interview. After acceptance, recruits will be enrolled in an online course to become firefighters. There are two phases to firefighter certification. Phase one will be the first year as you work through self-paced online courses and in-house practical evaluations to become an exterior firefighter. Phase two will be your second year where you will do more online work and in-house practical evaluations. After two years you will be a certified interior firefighter.

*What certifications will I get to be a firefighter?*

Each member's basic certifications are to Interior Firefighter as well as the First Responder Medical License. Members will also have the option to certify in Auto-Extrication/Vehicle Rescue, Technical Rope Rescue, Confined Space Rescue and Swift Water Rescue.

*Do I need anything special to drive a fire engine?*

Yes. Each firefighter must have a valid driver's license as well as airbrakes certification (training supplied by the fire department). All along with driver training and sign off that will be done in-house.



# ROBERTS CREEK VOLUNTEER FIRE DEPARTMENT

1302 Roberts Creek Rd  
Xwesam-Roberts Creek BC V0N 2W2

ph: 604-885-6871  
www.robertscreekfire.ca

## MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE NAME(S): \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

RENT  OWN

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SIN: \_\_\_\_\_

BC HEALTH INSURANCE #: \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

DIVERS LICENSE #: \_\_\_\_\_ CLASS: \_\_\_\_\_ AIR BRAKES

APPLICABLE CERTIFICATES (ie FIRST AID) AND SPECIAL SKILLS: \_\_\_\_\_

IMMUNIZATIONS: (ie HEPATITUS B): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER WILL ALLOW RESPONSE TO CALLOUTS DURING WORK  NO

### ON CASE OF EMERGENCY CALL

NAME: \_\_\_\_\_ PHONE 1 # \_\_\_\_\_ PHONE 2 # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE 1 # \_\_\_\_\_ PHONE 2 # \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE 1 # \_\_\_\_\_ PHONE 2 # \_\_\_\_\_

## GENERAL CONDITIONS

- 1) You must have and maintain a valid BC driver's license. The Driver's Abstract form must be submitted to ICBC.
- 2) The Criminal Records Disclosure forms must be submitted to the RCMP.
- 3) You must maintain a licensed/insured vehicle to respond to all incidents.
- 4) The decision to accept or reject your application will be the responsibility of the fire department executive committee.
- 5) 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 5 years.
- 6) The probationary period will be 6 months minimum following which there will be an evaluation of your firefighting knowledge, department procedures and attendance. The executive committee may extend the probationary period depending on 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.
- 7) 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 regular Wednesday night training sessions. The cost of the training course will be paid by the fire department.
- 8) Training sessions are each Wednesday night excluding statutory holidays. Training begins at 7:00PM and normally ends at 9:00PM. 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 stipend will be paid quarterly. You will be considered absent if you arrive more than ½ hour after practice has commenced.
- 9) If you are unable to attend any training session, you are required to notify the training officer or other department officer of your absence.
- 10) Failure to meet or follow any of the above conditions shall lead to a review of your membership and may lead to 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	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CRIMINAL RECORDS CHECK RECEIVED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ACCEPTED / REJECTED BY 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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ph: 604-885-6871  
www.robertscreekfire.ca

### **MEDICAL APPROVAL**

Dear Health Professional,

\_\_\_\_\_ has applied to become a member of the Roberts Creek Volunteer Fire Department. Firefighting can be extremely stressful due to hazardous working conditions that can include high temperatures, confined spaces, and low visibility. Because of this, we need to ensure that all applicants are free from physical or mental conditions that would negatively affect work in these environments..

We require confirmation from you that this applicant is physically fit and, in your opinion, able to work as a firefighter. We do not specifically require that you give this applicant a physical exam, however, we do require that you read and sign the statement below.

Regards

Patrick Higgins  
Fire Chief – RCVFD

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### **ROBERTS CREEK VOLUNTEER FIRE DEPARTMENT**

ATTENTION: Fire Chief Patrick Higgins

DATE: \_\_\_\_\_

Dear Chief Higgins

I have examined \_\_\_\_\_ and I am of the opinion that he/she is physically and mentally fit and able to work as a firefighter.

I acknowledge that firefighting can be extremely stressful and strenuous and have advised \_\_\_\_\_ of the importance of maintaining good physical condition. I further have recommended that she/he have an annual physical examination.

Sincerely,

Please print your name: \_\_\_\_\_

Clinic address: \_\_\_\_\_

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**National Safety Code Abstract  
Personal Request Form**

Insurance Corporation  
of British Columbia  
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 (ddmm/yyyy)	TELEPHONE NUMBER

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

\_\_\_\_\_  
DATE

**Return abstract by:**

Mail

TO MY MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE
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OR

TO NAME OF CARRIER OR COMPANY			
MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE

Fax

TO MY FAX NUMBER
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OR

TO NAME OF CARRIER OR COMPANY
FAX NUMBER

Email

TO MY EMAIL ADDRESS
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OR

TO NAME OF CARRIER OR COMPANY
EMAIL ADDRESS

A National Safety Code Driver's Abstract is also available by calling Customer Contact at 250-978-8300 (in Victoria) or toll-free at 1-800-950-1498.



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### **RECORDS REQUEST**

The Director – RCMP  
Canadian Criminal Real Time Identification Services  
NPS Building  
1200 Vanier Parkway  
Ottawa, ON  
K1A 0R2

To Whom It May Concern;

\_\_\_\_\_ has applied to become a volunteer  
print name date of birth

member of the Roberts Creek Volunteer Fire Department. A firefighter's duties may place her/him in contact with vulnerable persons and emergency response may require her/him to enter private property. I am therefore requesting that a criminal records check be performed to help ascertain the suitability of this applicant.

Regards

Patrick Higgins  
Fire Chief – RCVFD

PH/ph

Enclosure: Police Information Check Consent, Vulnerable Sector Verification Consent



Paid:   
 Vol/Stu:   
 Gib:  Sec:  MP:

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

<b>Type of ID Produced:</b>	<b>Number:</b>
<b>Type of ID Produced:</b>	<b>Number:</b>

**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 in which 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 USA 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)			GENDER (circle one) M F Gender Diverse
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: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes	<input type="checkbox"/> 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
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**VULNERABLE SECTOR APPLICANTS:**

**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 (*what you will be doing*): \_\_\_\_\_

Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you have authority over*):  
 \_\_\_\_\_

**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
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**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 *Criminal Records Act*, 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 *Youth Criminal Justice Act*.

Date of Conviction	Nature of Offence	Location/Jurisdiction

Signature of Applicant	Date signed
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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>
<b><u>CPIC</u></b>				
<b><u>PRIME</u></b>				
<b><u>PIP/LEIP</u></b>				
<b><u>JUSTIN</u></b>				
<b><u>VS - FP REQ.</u></b>				

NOTES (office use only):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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