



## UNIACKE & DISTRICT VOLUNTEER FIRE DEPARTMENT APPLICATION INSTRUCTIONS AND PROCEDURE



So, you want to be a firefighter? The rewards of being a firefighter are exciting and extensive on many levels, however, the job is both physically and mentally challenging and can have the firefighter working in various environments, usually of a hazardous nature.

It is important that you have a strong understanding of the role and job requirements of the firefighter in today's society. This will enable you to make an informed decision when submitting your application.

On the following pages, you will find the documents listed below:

- Firefighter Job Description
- Application for Membership
- Medical Assessment

Before completing the application for membership, please be sure to have read and understood the Firefighter Job Description in its entirety. Although much effort has been taken to ensure the list is accurate and that it reflects the most common duties, both emergency and non-emergency, it is certainly not an all-inclusive list. The role of the modern firefighter is constantly evolving, especially duties assigned at the scene of the various calls firefighters will get dispatched to.

Once you have read the job description, your 2<sup>nd</sup> step will be to have a Criminal Background Check completed. This can be done at your local R.C.M.P. Detachment or Police Station. The cost of having the Criminal Check completed is the responsibility of the applicant.

The 3<sup>rd</sup> step is to have the Medical Assessment completed and signed by a qualified physician. It is your responsibility to provide a copy of the Firefighter Job Description to the physician conducting your medical assessment. The cost of having the Medical Assessment completed and any related tests performed is the responsibility of the applicant.

Once you have the Background Check and Medical Assessment documentation, please attach them to the completed Application Form and pass it in to the fire hall. Applications can also be handed in to current members of the fire department. Any questions can be directed to the contact information below.

Once your application has been received, it will be reviewed by the Department's Membership Committee for review and an in-person interview will be scheduled with you at a later date. Once the interview has been completed, your application and interview results will be presented to the Department membership at our next monthly meeting to be reviewed and your status as a member will be voted on. Meetings are held on the first Tuesday of each month and if your application is successful, you will be voted in as a Probationary member for a minimum of 6 months.

Uniacke & District Volunteer Fire Department  
654 Highway #1 | Mount Uniacke | (902) 866-2828 | [udvfd@eastlink.ca](mailto:udvfd@eastlink.ca)  
Hours of Operation are Monday – Friday  
8:00 – 12:00 and 1:00 – 5:00 (closed on holidays)



# UNIACKE & DISTRICT VOLUNTEER FIRE DEPARTMENT

## FIREFIGHTER JOB DESCRIPTION



The rewards of being a Firefighter are extensive. The work is exciting and challenging. Below you will find a summary of key components of the job.

### **POSITION SUMMARY**

The Firefighter is responsible for firefighting, rescue, emergency medical and other related services. The Firefighter is responsible for rapidly, efficiently and safely performing various duties under emergency conditions frequently involving considerable hazard. The work includes routine duties in the maintenance of firefighting vehicles, equipment and fire department facilities. The Firefighter may be responsible for fire ground and emergency operations until command is assumed by an officer.

### **DUTIES AND RESPONSIBILITIES**

#### **FIRE EMERGENCY**

- Responds to emergency calls, lays and connects hose, holds nozzles and directs water streams, raises and climbs ladders, uses extinguishers and other equipment
- Wears self-contained breathing apparatus and full protective clothing while working in noxious and/or smoke filled environments
- Ventilates buildings or areas to release heat, smoke, or fumes
- Places salvage covers so as to protect property and prevent water damage
- Performs overhaul operations in order to ensure fire is completely extinguished
- Provides search and rescue in various forms
- Conducts fire suppression activities for structure fires, vehicle fires, forest/brush fires and other fires as required
- Drives and operates firefighting and emergency equipment as assigned

#### **MEDICAL EMERGENCY**

- Provides first responder actions to emergency medical and hazardous materials calls
- Drives, checks safety of immediate area, brings required medical equipment
- Assesses situation/victim by taking medical history, visual and vital signs
- Conducts appropriate intervention, including CPR and other first-aid as required
- Assists paramedics, conveys information, lifts and carries heavy patients, etc...
- Manages crowd/bystanders/victim's relatives, etc...

#### **OTHER EMERGENCIES**

- Performs a variety of rescue-related duties to protect the public and lessen severity of injuries related to motor vehicle accidents, confined space entrapment, water hazards, industrial accidents, incidents involving hazardous materials, etc...
- Perform rescue/extrication operations where necessary to prevent loss of life or further injury from any cause
- Provide traffic control at the scene of motor vehicle accidents

## **OTHER DUTIES**

- Responds to non-emergency calls as required
- Maintains vital incident report information for investigative and record keeping purposes
- Provide service assistance to, but not restricted to, the following: police, paramedics and public
- Attends on duty training sessions and off site training courses as necessary
- Maintains equipment in good repair in accordance with organizational policies and procedures
- Responsible for workplace safety as outlined in the NS Occupational Health & Safety Act and organizational policies, procedures and guidelines
- Responsible for upgrading and maintaining skills/knowledge and physical requirements to current standards
- Performs related duties as required

## **QUALIFICATIONS**

### **JOB SPECIFIC KNOWLEDGE - Required**

- Ability to understand and communicate clearly in English (oral and written)

### **JOB SPECIFIC KNOWLEDGE - Recommended**

- Grade 12 education certificate or equivalent
- Current certification of NFPA 1001 Level 1 as adopted by the employer
- Current Standard First Aid and CPR-C certificates

### **TECHNICAL SKILLS - Required**

- A valid Nova Scotia driver's license Class 5
- A respected member of the community including no conviction for a criminal offence for which a pardon has not been granted
- Ability to pass a medical examination
- 20/30 corrected vision with color and peripheral vision acceptable for the position of Firefighter
- Normal unaided hearing- hearing thresholds no greater than 30 decibels in each ear at 500Hz, 1000Hz, and 2000Hz and no significant loss in higher frequencies

## **WORKING CONDITIONS**

- Work environment requires the ability to react quickly and remain calm under stressful situations
- Must possess agility and stamina to perform all functions of this position under adverse conditions



# UNIACKE & DISTRICT VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP



## PERSONAL INFORMATION

NAME: \_\_\_\_\_ S.I.N. (for tax purposes): \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL CARRIER (Bell, Telus, etc...): \_\_\_\_\_

PREVIOUS ADDRESS: (If less than 5 yrs at previous address: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE (Must be 19 or older to apply): \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

(1) NAME / RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

(2) NAME / RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## EDUCATION

HIGH SCHOOL ATTENDED: \_\_\_\_\_ HIGHEST GRADE COMPLETED: \_\_\_\_\_

TECHNICAL SCHOOL / COLLEGE / UNIVERSITY ATTENDED: \_\_\_\_\_

SUBJECT STUDIED / DEGREE IN: \_\_\_\_\_

DRIVING ABILITY (Car, Truck, Other): \_\_\_\_\_

LICENSE MASTER #: \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_

RESTRICTIONS / CONDITIONS: \_\_\_\_\_ AIR BRAKES: Y / N

## EMPLOYMENT HISTORY

PRESENT EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

Will your current employer allow you to attend calls during work hours?: Y / N

If yes, please obtain employer's signature: \_\_\_\_\_

RELATED EXPERIENCE

CANADIAN MILITARY SERVICE (Years of Service, Occupation, Current Unit/Ship): \_\_\_\_\_  
\_\_\_\_\_

VOLUNTEER ORGANIZATIONS / OTHER: \_\_\_\_\_

PREVIOUS EXPERIENCE (Have you ever been a member of a fire department or ambulance service?):  
\_\_\_\_\_

If yes to previous experience, what level of certification did you obtain (please attach certificates if available):

FIREFIGHTER (Level 1, Level 2, etc...): \_\_\_\_\_

AMBULANCE SERVICE (MFR, PCP, ACP, etc...): \_\_\_\_\_

OTHER: \_\_\_\_\_

MOTIVATION: In a brief paragraph, please state why you wish to join the department, what the department can expect from you and what you hope to gain from the department.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSONAL REFERENCES

(1) NAME / RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

(2) NAME / RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Have you been convicted of a criminal offence in the last 5 years?: Y / N

SPORTS / INTERESTS: \_\_\_\_\_

May the Fire Department contact your present employer or any of the organizations or references which you have listed to ask questions regarding your character or abilities?: Y / N

If no, please explain: \_\_\_\_\_

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is grounds for denial to or dismissal from the department. Further, I understand and agree that my acceptance is dependent upon the satisfaction of all outlined requirements for membership including, but not limited to, having read and understood the attached Firefighter Job Description and ensuring the attached Medical Assessment is completed in full by a physician.

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



# UNIACKE & DISTRICT VOLUNTEER FIRE DEPARTMENT FIREFIGHTER MEDICAL ASSESSMENT



To be completed by a physician or other medical professional working as part of a physician lead team.

This medical form references the National Fire Prevention Association publication "NFPA 1582 - Standard on Comprehensive Occupational Medical Program for Fire Departments, 2007 edition" for the baseline medical requirements for volunteer firefighters. **Section 6.2.2 of the standard states: "Candidates with Category A medical conditions shall not be certified as meeting the medical requirements of this standard."** References from the standard dealing with specific areas of interest are included below for reference.

**The candidate shall provide the physician with a copy of the Firefighter job description at the time of the examination.**

**1. 6.4 Vision and Eyes**

**6.4.1 Category A medical conditions shall include the following:**

- (1) Far visual acuity less than 20/40 binocular, corrected with contact lenses or spectacles, or far visual acuity less than 20/100 binocular for wearers of hard contacts or spectacles, uncorrected.
- (2) Color perception -monochromatic vision resulting in inability to use imaging devices such as a thermal imaging camera.
- (3) Monocular vision.
- (4) Any eye condition that results in the candidate not being able to safely perform one or more of the essential job tasks.

Please check the appropriate box	YES	NO
<b>In your opinion, does the patient have 20/30 corrected vision with color and peripheral vision acceptable for the occupation of firefighter?</b>		

**2. 6.5 Ears and Hearing**

**6.5.1 Category A medical conditions shall include the following:**

- (1) Chronic vertigo or impaired balance as demonstrated by the ability to tandem gait walk.
- (2) On audiometric testing, average hearing loss in the unaided better ear greater than 40 decibels (dB) at 500 Hz, 1000 Hz, 2000 Hz and 3000 Hz when the audiometric device is calibrated to ANSI Z24.5, Audiometric Device Testing.
- (3) Any ear condition (or hearing impairment) that results in the candidate not being able to safely perform one or more of the essential job tasks.

Please check the appropriate box	YES	NO
<b>In your opinion, does the patient have normal, unaided hearing?</b>		
<b>Does the patient have any ear condition (or hearing impairment) that results in a person not being able to safely perform essential firefighter tasks?</b>		

3. Firefighting involves periods of heavy physical exertion under conditions of physical and emotional stress, sometimes for prolonged periods.

Please check the appropriate box	YES	NO
In your opinion, does the patient have any cardiovascular diseases or conditions that would limit him/her from performing the role of firefighter?		

4. As a firefighter, your patient will be required to wear protective clothing and a breathing apparatus weighing approximately 75lbs (34kg), they will be required to perform various physical functions such as sitting, standing, walking, running, kneeling, crouching, stooping, squatting, twisting upper body, climbing, balancing, pushing, pulling and lifting.

Please check the appropriate box	YES	NO
In your opinion, does the patient have any current medical conditions that will prohibit them from safely doing any of these activities? (If yes, please indicate which activities in the comments section.)		

Physician Comments:

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Based on my examination of this patient, \_\_\_\_\_, I have found him/her to be: Name of Patient

\_\_\_\_\_ Fit for the position of firefighter.

\_\_\_\_\_ Unfit for the position of firefighter.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Address and Phone #: (Stamp Acceptable)	
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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		Title		Name of organization				
Address (no., street, apt.)			City		Province		Postal code	

## 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.	<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.	<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.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
4.		Police information located on computer systems (e.g. Police Information Retrieval System (PIRS), CPIC, PROS, PRIME, LEIP) and information located through local police indices checks. This will include all information related to non convictions and all charges regardless of disposition.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist

## COMPLETED BY

Member (signature)		Reg. no.		Unit		Date	
				RCMP Rawdon Detachment			





## CRIMINAL RECORDS - CONSENT FOR 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.

Surname		Given Name(s)			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-mm-dd)	Place of Birth (city and province)			
Home Address		City	Province	Postal Code	
Previous addresses, if any, within the last 5 years					

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 persons.

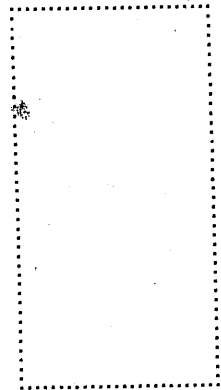
Description of the paid or volunteer position	Name of the person or organization
Details regarding the children or vulnerable person(s)	

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 or issued a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act*.

**Fingerprint: For card scan submissions only.**

I understand that, as a result of giving this consent, a search discloses that there is a record of my conviction 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 shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, 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.

Contributing Agency <b>RCMP Rawdon Detachment</b>	
Signature of Applicant	Date (yyyy-mm-dd)



Finger: \_\_\_\_\_