



UNIACKE & DISTRICT VOLUNTEER FIRE DEPARTMENT APPLICATION INSTRUCTIONS AND PROCEDURE



The instructions below can be followed once you have been interviewed by the fire department membership committee.

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 and sometimes with vulnerable citizens.

It is important that you, the applicant, 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 for membership to the Uniacke & District Volunteer Fire Department.

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

- Firefighter Job Description
- Application for Membership
- N.S. Driver's Medical Assessment

After being interviewed but 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 and completed the application for membership, your next steps will be to obtain the following documents.

You must have your criminal record check and vulnerable sector check obtained from a local RCMP detachment. The fire department will provide a letter you can take to the RCMP explaining why the criminal record check and vulnerable sector check are required.

Have the N.S. Driver's Medical Assessment completed and signed by a qualified physician. Not meeting the minimum requirements of any or all of the medical assessment categories does not necessarily mean your application will be rejected, but if it is reviewed and approved, your duties as a member of the department may be restricted as a result of the assessment. The cost of having the Medical Assessment completed and any related tests performed is the responsibility of the applicant.

Obtain a driver's abstract from any Access N.S. location. Many abstract types are offered, we would be looking for you to obtain a "Complete" abstract for your entire driving history.

Once your membership application is approved and you become a member of the department, you can submit for reimbursement, **so please keep all receipts.**

Before handing your completed application in to the membership committee, please ensure the checklist below has been completed.

- ✓ Review Firefighter Job Description
- ✓ Complete Application for Membership
- ✓ Complete N.S. Driver Medical with your physician
- ✓ Obtain criminal record check and vulnerable sector check from local RCMP detachment
- ✓ Obtain your driver abstract (Complete) from any branch of Access N.S.

Once handed in, your application and interview results will be presented to the fire department membership at our next monthly meeting and your status as a probationary 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.

Membership Committee Contact Information:

Name:

Phone:

Email:



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 Class 5 Nova Scotia driver's license
- 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 Nova Scotia Driver's Medical Examination
- Have a clean driver abstract

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: _____

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: _____

Transportation and Active Transit Driver's Medical Examination Report



If you have any questions, please call the Medical Fitness section at 902-424-5732

Mailing Address: P.O. Box 1652, Halifax, NS, B3J 2Z3 **Fax:** 902-424-0772

Email: medicalfitness@novascotia.ca **Website:** novascotia.ca/sns/rmv/licence/medicals.asp

PART 1: Patient Consent for Physician to Report Medical Information

Name: _____
 Address: _____
 _____ Postal Code: _____
 Driver's Licence Master No.: _____
 Date of Birth (DD/MM/YYYY): _____
 Class of licence applied for (check one): 1 2 3 4 5 6 7 8

Phone: Home (____) _____ Work (____) _____
 Cell (____) _____
I authorize any physician, hospital or medical clinic to release to the Department any information concerning my medical condition.

 PATIENT'S SIGNATURE DATE (DD/MM/YYYY)

PART 2: Vision – Check and complete applicable boxes

VISUAL ACUITY MEETS ACUITY FOR LICENCE CLASS
 (With OR without corrective lenses)

Uncorrected R _____ L _____ Both _____
 Corrected R _____ L _____ Both _____

Requires visual correction

ACUITY: Class 3, 5, 6, 7 and 8 not less than 20/40 (6/12) in better eye.
 Class 1, 2 and 4 not less than 20/30 (6/9) in the better eye,
 poorer eye not less than 20/50 (6/15).

VISUAL FIELD MEETS FIELD FOR LICENCE CLASS

Abnormal. Explain _____
 Ocular condition that could affect driving, including colour blindness.
 Explain _____

FIELD: Class 3, 5, 6, 7 and 8: 120 degrees horizontal, both eyes
 opened and examined together.
 Class 1, 2 and 4: 120 degrees horizontal in each eye.

MEDICAL PROFESSIONAL DETAILS (if different from PART 5): Name: _____ Date: _____

PART 3: Examination Report – Check "Nothing to Report" or check and complete applicable condition(s)

VASCULAR **NOTHING TO REPORT**

1. Coronary Artery Disease _____
 2. Angina Pectoris _____
 Canadian Cardiovascular Society Functional Class
 Class 1 Class 2 Class 3 Class 4
 3. Myocardial Infarction: Date _____
 4. Congestive Heart Failure _____
 5. Arrhythmia: _____
 6. Peripheral Vascular Disease _____
 7. Aneurysm: Location: _____ Size: _____
 8. Heart Surgery
 Angioplasty: Date _____
 CABG: Date _____
 Pacemaker: Date _____
 ICD: Insertion Date _____
 Primary Secondary
 Last Discharge Date _____
 Transplant: Date _____ LVAD
 9. Other: _____

CENTRAL NERVOUS SYSTEM **NOTHING TO REPORT**

1. CVA Date _____ TIA Date _____
 2. Seizure disorder Diagnosis of epilepsy.
 Date of last seizure _____
 Medication required? YES NO
 3. Syncope Type: _____
 Single Episode: Date _____ Recurrent
 Recurrent
 4. Sleep Disorder:
 OSA. Treated? YES How: _____ NO
 Mild Moderate Severe
 Narcolepsy Treated? YES NO
 5. Stable Deficit: _____
 6. Progressive Disorder (ALS, Parkinsons, MS): _____
 7. Vestibular Disorder: _____
 8. Cognitive Impairment: _____
 MMSE Score: _____ Date _____
 MOCA Score: _____ (DD/MM/YYYY)

Transportation and Active Transit Driver's Medical Examination Report



Name: _____

Driver's Master No.: _____

Part 3: Examination Report – continued – Check "Nothing to Report" or check and complete applicable condition(s)

RESPIRATORY NOTHING TO REPORT

- 1. Respiratory Impairment _____
 Mild Moderate Severe
- 2. Supplemental Oxygen _____
 Occasional Continuous

METABOLIC NOTHING TO REPORT

- 1. Diabetes. Treated by:
 Diet Oral Medication Insulin
 Well controlled Not well controlled
- 2. Severe Hypoglycemia :
Date of last episode _____
- 3. Hypoglycemia Unawareness:
Date of last episode _____
- 4. Complications Related to Diabetes
 Peripheral Vascular Retinopathy
 Neuropathy _____

For all Commercial Drivers or Any Driver if not well controlled
HbA1C Level: _____ Date _____
Blood Glucose: _____ Date _____
(DD/MM/YYYY)

MUSCULOSKELETAL NOTHING TO REPORT

- 1. Amputation: _____
- 2. Weakness: _____
- 3. Impaired range of motion: _____

PSYCHIATRIC NOTHING TO REPORT

- 1. Psychosis
- 2. Personality Disorder
- 3. Severe depression or anxiety
- 4. Other: _____

RENAL DISEASE NOTHING TO REPORT

- 1. Dialysis
- 2. Transplant: Date _____
- 3. Nephropathy

SUBSTANCE USE/ABUSE NOTHING TO REPORT

- 1. Alcohol Abuse
 Under control Since: _____
 Not controlled
- 2. Alcohol Related Seizure: Date _____
- 3. Drug Abuse
 Substance: _____
 Under control Since: _____
 Not controlled

MEDICATION NOTHING TO REPORT

- 1. List medication(s) that could cause impairment:

HEARING NOTHING TO REPORT

- 1. Significant Hearing Loss. Corrected? YES NO
(Classes 1 – 4 only)
Perceives a forced whispered voice at not less than 5 feet
(1.5 metres) with or without the use of a hearing aid or,
hearing loss no greater than 40dB averaged at 500, 1000, and
2000 Hz in their better ear

OTHER CONDITIONS NOTHING TO REPORT

(that may affect driving)

- 1. General Debility
- 2. Other _____

Part 4: Opinion and Recommendations

PHYSICIAN'S STAMP

Aware of Collision (if applicable)

ISSUE LICENCE AS APPLIED FOR

- OR:
- 1. Issue licence with restrictions: _____
 - 2. Road test required
 - 3. Suspend licence pending: _____
 - 4. Suspend – unlikely to improve

Part 5: Medical Professional Details

- Family Physician, for _____ years
- Walk in or Locum **Chart Reviewed** YES NO
- Specialist
- Nurse Practitioner

Name: _____

Address _____

Postal Code: _____

PHONE () _____ FAX () _____

SIGNATURE _____ DATE (DD/MM/YYYY) _____