



Email: dan.marshall@townshipofperry.ca  
 Website: <http://townshipofperry.ca/fire-services/>  
 Office: 705 636 5311  
 Fax: 705 636 5759

Mailing Address:  
 1695 Emsdale Road  
 Emsdale, ON P0A 1J0  
 Civic Address:  
 64 Old Government Road  
 Emsdale, ON P0A 1J0

## Volunteer Firefighter/First Responder Application Form

*Personal information on these forms is collected under the authority of the Freedom of Information Act, and will be used to determine eligibility for employment as a Volunteer Fire Fighter. Questions about the collection of personal information should be directed to the Fire Chief of Perry Township Fire Department, 64 Old Government Road, Emsdale, Ontario P0A 1J0. 705-636-5311.*

### Contact Information

<b>Surname:</b>	<b>Given Name:</b>
<b>Address:</b>	
<b>Home Phone:</b>	<b>Work/Cell Phone:</b>

### Employment Information

<b>Are you eligible to work in Canada:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you at least 16 years of age?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Current Employer:</b>	<b>Occupation:</b>
<b>Address:</b>	<b>Supervisor:</b>
<b>Duties/Responsibilities:</b>	
<b>Does your employer support your involvement in the local Fire Department?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Length of current employment:</b>	
<b>Former Employer:</b>	<b>Occupation:</b>
<b>Address:</b>	<b>Duties:</b>

### Education and Training

<b>Highest Level of Education:</b>	<b>Diploma/Degree:</b>
<b>Driver's License:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Class:</b>
<b>Courses/Workshops/Seminars (list relevant):</b>	
<b>Training/Experience (list relevant):</b>	
<b>First Aid Training/Certificates:</b>	
<b>Attendance Requirements include making 70% of scheduled training events.</b>	
<b>Please verify that you can meet this requirement</b>	

### Availability In Emergencies

(check applicable)			
<b>Availability:</b>	<b>Daytime</b>	<b>Nighttime</b>	<b>Weekend</b>

<b>POSITION APPLYING FOR:</b>			
<b>Firefighter</b> <input type="checkbox"/>	<b>Tired Responder</b> <input type="checkbox"/>	<b>Modified</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
<b>Explain Here:</b>			
<b>References</b> (minimum of 2 Work references)			
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b> <input type="checkbox"/> work <input type="checkbox"/> personal	
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b> <input type="checkbox"/> work <input type="checkbox"/> personal	
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b> <input type="checkbox"/> work <input type="checkbox"/> personal	
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b> <input type="checkbox"/> work <input type="checkbox"/> personal	

<p>I, _____ authorize the Township of Perry to contact the persons or organizations listed on this document for the purpose of obtaining reference information including information contained in my personnel file. These persons are authorized to disclose such information.</p>
<p>Potential members will be interviewed by the Fire Chief and or Deputy Fire Chief of Perry Township Fire Department.</p> <p>Applicants shall be subject to a physical examination by a physician licensed in the Province of Ontario with fees to be reimbursed upon acceptance to the Fire Department.</p> <p>Applicants shall be required to supply a Police Vulnerable Sector Check (PVSC). Cost if any to be reimbursed to the applicant upon acceptance to the Fire Department.</p> <p>Accepted applicants are subject to a twelve-month probationary period and are required to successfully complete minimum training requirements before full status is granted.</p>
<p>I, _____ authorize the use of pictures, videos and/or my name to be used in various types of media to promote Programs within the Township of Perry Fire Department, included but not limited to the Junior Firefighter Program and Fire Prevention.</p>
<p>Have you ever been convicted of a criminal offence for which you have not received a pardon?  <input type="checkbox"/> Yes <input type="checkbox"/> No                      Describe:</p>

## RELATED SKILLS OR EXPERIENCE CHECKLIST

Please indicate your level of proficiency with the skills listed by circling the appropriate number and providing a description of your experience using the following rating:

0 = No experience

1 = Familiarity acquired through personal experience, high school courses or related training

2 = Advanced skills level and/or post-secondary courses or apprenticeships

3 = A trade, license, recognized certificate or extensive experience

Previous Experience	Level				Description
Firefighting / Emergency Response	0	1	2	3	
Military/Police	0	1	2	3	
Mechanics	0	1	2	3	
Pumps, valves, sprinklers	0	1	2	3	
Electrical Systems	0	1	2	3	
Electronic Systems	0	1	2	3	
Computer Technology	0	1	2	3	
Building construction or design	0	1	2	3	
Breathing Apparatus or Scuba	0	1	2	3	
Blueprint reading	0	1	2	3	
Firefighting tasks	0	1	2	3	
Rescue Procedures	0	1	2	3	
Athletic sports or skills	0	1	2	3	
Languages	0	1	2	3	
Occupational health & safety	0	1	2	3	
Photography	0	1	2	3	
Fundraising	0	1	2	3	
Office Equipment	0	1	2	3	
Typing, filing or telephones	0	1	2	3	
Public Speaking	0	1	2	3	
Teaching, facilitation or coaching	0	1	2	3	
Events Coordinator	0	1	2	3	
Radio Communications	0	1	2	3	
Medical / Health Sciences	0	1	2	3	
Professional Driver	0	1	2	3	
Heavy Equipment Operation	0	1	2	3	

### Other Licenses or Certificates (please list)


C.P.R	Expiry Date:
First Aid	Expiry Date:
Defibrillation	Expiry Date:
Ontario Driver's License <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> Z <input type="checkbox"/> F <input type="checkbox"/> G	Expiry Date:

Other Volunteer	Experience
Organization Name	Length of Time with Organization

## ANNUAL MEDICAL STATEMENT OF PERSONNEL

IDENTIFICATION INFORMATION		
<b>NAME:</b>		
<b>STREET ADDRESS:</b>		
<b>MAILING ADDRESS:</b>		
<b>PHONE NUMBER:</b>		
<b>BIRTH DATE:</b> Month:	Date:	Year:
<b>FULL TIME OCCUPATION</b>		
<b>NAME OF ORGANIZATION:</b>	TOWNSHIP OF PERRY VOLUNTEER FIRE DEPARTMENT	
<b>ATTENDING DOCTOR:</b>		
<b>DOCTOR'S PHONE NUMBER:</b>		

Please explain any "Yes" answers in the "Remarks" column

Faculty	Question	Yes	No	Remarks
Eyesight	Have you lost use of either eye? L R			
	Is Peripheral vision restricted?			
	Are you colour blind?			
	Do you have cataracts? Treated?			
	Do you wear contacts/glasses			
	Date of last eye exam			
Hearing	Do you have difficulty hearing normal conversation levels?			
	Do you use a hearing aid?			
Diabetes	Have you ever been treated for diabetes?			
	Describe current medications/dosage, if any and method of administration under "Remarks"			
	Date of latest blood sugar test			
Heart	Have you ever been treated for heart disease?			
	If "yes", describe condition			
	Describe current medication and dosage, if any, under "Remarks"			
	Do you have a pacemaker?			
Epilepsy	Date of last treatment or check-up			
	Have you ever been treated for epilepsy?			
	If "Yes", when was your last seizure?			
	Describe current medication and dosage, if any, under remarks			
Blood Pressure	Have you ever been treated for high blood pressure?			
	If "Yes", when were you treated?			
	What was your last reading?			
	Describe current medication and dosage, if any, under "Remarks"			
Limbs	Have you lost an arm or leg?			
	Have you lost the use of an arm or leg?			
	Does your vehicle have special controls?			

Faculty	Question	Yes	No	Remarks
Misc.	Have you ever had, or been treated for Convulsions?			
	If "Yes", give date of last treatment and describe current medications			
	Have you ever had Fainting Spells?			
	If "Yes", give date of last treatment and describe current medications			
	Have you ever had, or been treated for, Loss of Equilibrium?			
	If "Yes", give date of last treatment and describe current medications			
	Have you ever been treated for Alcohol or Drug Abuse?			
	If "Yes", give date of last treatment and describe current medications			
	Have you ever been treated for Mental Illness			
	If "Yes", give date of last treatment and describe current medications			
	Are there any restrictions posted on your Driver's License?			
	Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle?			
	Are you physically fit to perform the duties of this position? Including Lifting and Carrying?			
	The position of a volunteer firefighter/first responder may put extreme mental and emotional pressure on individuals which requires certain emotional stability in situations of varying circumstances. Will this prove to be an issue?			
	Are there any physical or mental health issues that may be of concern?			

**Applicant's Name: (print)** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

**THIS FORM TO BE COMPLETED BY PHYSICIAN:**

Dear Physician;

\_\_\_\_\_ has applied to join the Township of Perry Volunteer Fire Department for the position of Firefighter/ Tired responder.

Please complete the attached questionnaire with regard to the applicant's ability to meet the physical, emotional and psychological demands of this position.

Applicant information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Assessment:

Please review the attached role description carefully.

1. Is the applicant medically fit to perform the duties described    Yes    No
2. Is the applicant prescribed any medication that may affect his/her ability to perform the duties described?  
    Yes            No
3. Are there any other medical concerns that may impact on the individual's ability to perform the duties described?    Yes            No

Comments: \_\_\_\_\_

I, the undersigned, am a legally qualified medical practitioner, licensed to practice in the Province of Ontario. This report confirms my evaluation and medical opinion of the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Perry Township Firefighter Job Description

**Position Title:** Fire Fighter  
**Reports to:** Fire Chief  
**Term of Employment:** Volunteer

## **Responsibilities:**

The Firefighter is responsible for all firefighting duties involved in the evolutions necessary to save property, combat, extinguishment and/or prevent fires, rescue and shall rapidly and efficiently perform these varied duties as required under emergency conditions, frequently involving considerable hazard.

## **Distinguishing features of the rank:**

This is manual work of a hazardous nature involving the fighting of fires, salvage, rescue work and some first aid generally under the direct supervision of superior officers. Regular training and some maintenance work on the fire station and vehicles is required.

Firefighters may be required to make decisions and work without supervision until an officer arrives at the scene.

## **Required Work Performance:**

This is manual work of a hazardous nature involving the fighting of fires, salvage, rescue work and some first aid generally under the direct supervision of superior officers. Regular training and some maintenance work on the fire station and vehicles is required.

Firefighters may be required to make decisions and work without supervision until an officer arrives at the scene.

As a member of the Perry Township Fire Department he/she shall:

- Respond to all emergency calls immediately, as directed in all types of weather conditions and in less than ideal situations.
- Have the physical strength to lay and connect hose, hold nozzles, and direct high pressure water streams, raise, climb and work from ladders in high places, and shall use or operate all equipment associated with the control and extinguishment of fire.
- Have the ability to work while wearing a Self-Contained Breathing Apparatus (SCBA) and full protective clothing (50-60 lbs.) in noxious and/or Immediate Danger to Life or Health (IDLH) environment.
- Ventilate buildings or areas to release heat, smoke, and fumes, at times from high places, place salvage covers so as to protect property and prevent water damage, and shall perform overhaul operations in order to ensure that fire has been completely extinguished.
- As assigned, drive and/or operate and vehicle or apparatus.
- Be qualified in first aid, and such other related subjects, so as to be prepared to provide emergency medical aid to those requiring some.

- Perform various maintenance duties to apparatus, equipment and departmental property.
- Participate in departmental training programs, and be proficient and knowledgeable in firefighting equipment, techniques and procedures.
- Assists with the Fire Prevention Program.
- Participate in public relations projects involving visits, demonstrations, parades, etc., as directed.
- Assist on the job training with fellow firefighters.
- Perform related duties as prescribed or assigned by the Fire Chief.

Specific orders and/or directions as received from a superior officer shall be carried out in the normal course of all duties, and a Firefighter shall exercise considerable independence of judgement during emergency operations, where direction from or referral to a supervisor is not possible.

**Required knowledge, skills and abilities**

Mental alertness, mechanical aptitude to get along well with others, willingness to perform any task assigned, hardworking and dependable, good physical condition, holder of a valid Class "D" license complete with "Z" endorsement or able to obtain such license within one year of joining the fire department.

**Acceptable training and physical condition:**

Must participate in at least 70% of the required training for the year and must pass an annual medical to be provided at the municipality's expense by a physician designated by the fire department.

**Working Conditions:**

The firefighter will be expected to respond and work in all types of weather and less than ideal conditions. He/she could have to enter hazardous atmospheres and areas and will be expected to work in a safe manner.