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64 Old Government Road
Emsdale, ON P0A 1J0

Junior Firefighter Program

Definition:

Junior Firefighter: Is a youth between 15 and 16 years of age who has not completed the entry level training program, and has been accepted by the Fire Chief or designate into the Junior Firefighter Program of the Perry Township Fire Department.

Direct Entry Recruit: Is a youth who is at least 16 years of age and has successfully completed the entry level training program and has been approved by the Training Officer, and the Fire Chief or his designate.

Mentor: Every Firefighter and Officer of this Department will act as a Mentor throughout their time with the Fire Service, unless the Fire Chief or designate remove them from the privilege. At that time, a written document be placed in the Mentor's personnel file and all Officers are made aware that the individual has lost the honor of being a Mentor.

Background:

As we all know, the youths of today are our future. In creating this program, it will instill valuable personal traits such as honor, proper work ethic, problem solving, working as part of a team, and pride, not only for their community, but for themselves. They will learn the value of giving and self-sacrifice, assisting them to become outstanding men and women within our communities.

Purpose:

The purpose of a Junior Firefighter Program within the Township of Perry is to provide a positive avenue for our younger generations by introducing new challenges and skills that will make them better people. As our Fire Department ages, it will be the younger generations that will follow in our footsteps.

Method:

Youth between the ages of 15 and 16 will complete a Junior Volunteer Firefighter/First Responder Application Form with Parental Consent, a Police Vulnerable Sector Check (PVSC), and will also be subject to completing a full physical examination by their physician. Costs associated with the PVSC will be reimbursed by the Township if the applicant is enrolled into the Junior Firefighter Program. Costs associated with the physical examination are not reimbursable.

Once the applicant has completed their interview and has been approved by the Fire Chief or designate, the Junior Firefighter will be eligible to partake in all regular training and community events hosted by Township of Perry, but may not be permitted to be present during a business meeting if it may contain sensitive material.

The Junior Firefighter will not be permitted to participate in any hands-on driver training or operate any Fire Department vehicles.

The Junior Firefighter will be provided casual firefighter apparel, along with a complete set of protection equipment, such as Bunker, boots, helmet, and gloves. As a member of the Perry Township Fire Department, the Junior Firefighter will conduct themselves in a manner of which will be positive and adhere to the rules set out by this document, Fire Chief, Deputy Fire Chief, and Captains. The Township of Perry's Comprehensive Health and Safety Program, all Standard Operating Guidelines (SOG) and Standard Operating Procedures (SOP), and Global Harmonized System (GHS) must be followed when applicable, along with any other recommended courses the Perry Township Fire Department Health and Safety Committee advises.

A Junior Firefighter will not be permitted to attend live fire training requiring entry into a burn building. Aside from attending regular training, and with the supervision of a Captain or Fire Chief, the Junior Firefighter may respond to calls that do not involve severe trauma, suicide, patient with vital signs absent (VSA) or assault. While attending the permitted calls, they may be, but not restricted to assist in rehab, "Runner" or as an observer.

Entry Level Training Program consists of personnel being signed off in the following training.

- Personal Protective Equipment
- Self-Contained Breathing Apparatus
- Ropes and Knots
- Fire Streams
- Fire Suppression Techniques
- Ladders

The Junior Firefighter may be subject to dismissal due to any of the following:

1. Any reason that a regular member may be released from the fire department;
2. It is in the opinion of the Fire Chief, Deputy Fire Chief and at least one Captain that it is in the best interest of the fire department;

3. Poor conduct, criminal charges;
4. Parental/ Guardian advisement, or if any of the standards set by the Parent/ Guardian have not been met.



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Junior 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 this collection of personal information should be directed to the Fire Chief of Perry Fire Department, 64 Old Government Road, Emsdale, ON P0A 1J0 705-636-5311.

Contact		Information	
Surname:		Given Name:	
Address:			
Home Phone:		Cell Number:	
Parent/Guardian Name:		Parent/Guardian Contact Number:	

Personal Information	
Are you eligible to work in Canada: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 15 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Parent /Guardian support your involvement in the local Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:	Occupation:
Length of current employment:	Duties:
Address:	

Education and Training	
Highest Grade of Education:	
Courses/Workshops/Seminars (list relevant):	
Training/Experience (list relevant):	
First Aid Training/Certificates:	

Availability for Training and Public Education (check applicable)			
Availability:	Daytime	Nighttime	Weekend

References (minimum of 2 work or personal references)		
Name:	Phone:	Relationship: <input type="checkbox"/> work <input type="checkbox"/> personal
Name:	Phone:	Relationship: <input type="checkbox"/> work <input type="checkbox"/> personal
Name:	Phone:	Relationship: <input type="checkbox"/> work <input type="checkbox"/> personal
Name:	Phone:	Relationship: <input type="checkbox"/> work <input type="checkbox"/> personal

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.

Potential members will be interviewed by the Fire Chief and or Deputy Fire Chief of Perry Township Fire Department.

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.

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)

Accepted applicants are subject to a twelve-month probationary period and are required to successfully complete minimum training requirements before full status is granted.

I _____ parent/guardian of _____ authorize the use of pictures, videos and _____ name to be used in various types of media to promote Programs within the Township of Perry Fire Service, such as the Junior Firefighters Program and Fire Prevention. Parent/Guardian Signature: _____

Have you ever been convicted of a criminal offence? Yes No
Describe:

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
	0	1	2	3	
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	

C.P.R	Expiry Date:
First Aid	Expiry Date:
Defibrillation	Expiry Date

Other Volunteer Experience	
Organization Name	Length of Time with Organization

ANNUAL MEDICAL STATEMENT OF PERSONNEL

IDENTIFICATION INFORMATION			
NAME:			
STREET ADDRESS:			
MAILING ADDRESS:			
PHONE NUMBER:			
BIRTH DATE: Month:		Date: Year:	
NAME OF ORGANIZATION: TOWNSHIP OF PERRY VOLUNTEER FIRE DEPARTMENT			
ATTENDING DOCTOR:			
DOCTOR'S PHONE NUMBER:			

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?			
	Date of last treatment or check-up			
Epilepsy	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?			

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 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:** _____.

Parent/Guardian's Signature _____ **Date:** _____

Witness Signature: _____ **Date:** _____.

THIS FORM TO BE COMPLETED BY PHYSICIAN:

Dear Physician;

_____ has applied to join the Township of Perry Volunteer Fire Department for the position of Junior Firefighter.

Please complete the attached questionnaire with regard to the applicant's ability to meet the physical, emotional and psychological demands of this position as outlined in the Junior Firefighter Program attached herewith.

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