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## **APPLICATION AND ADMISSION REQUIREMENTS FOR VOLUNTEER FIREFIGHTERS**

*All applicants for membership as a volunteer firefighter with the County of Brant must meet the following qualifications:*

1. Complete the application form provided, including all information requested.
2. Be at least 18 years of age and legally employable in the Province of Ontario.
3. Have completed high school, or have equivalent education and experience.
4. Have good oral and written communication skills.
5. Be of sound mind and body as required to perform the duties of a firefighter.
6. Be of good character, be strongly motivated, and exhibit a positive attitude.
7. Be willing and able to learn, to take direction, and to be a team player.
8. Be available to attend training, to attend emergencies, and to attend other activities as required.
9. Hold a valid driver's licence and be able to obtain (at a later date) a class "D" licence with "Z" endorsement.
10. Have a suitable vehicle available to transport yourself, at any time, to the fire hall or the place of an emergency as directed.
11. Obtain an acceptable criminal record clearance and have a good driving record.
12. Previous experience and training is not required but may be considered an asset.

*In order to be admitted as a Volunteer Firefighter with the County of Brant Fire Department, candidates must successfully complete the 7 step screening process, followed by a recruit training program (held during evenings and some weekends), and a 12 month probationary period.*

**A. PERSONAL: Complete all areas in this section.**

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_ Initial: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Optional)

Street Address of Residence: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

If less than 2 years, where did you reside previously? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Are you legally eligible to work in Canada?  Yes  No

Are you at least 18 years of age?  Yes  No

Do you have a valid driver's licence?  Yes  No

Classification: \_\_\_\_\_

Do you own or have a motor vehicle that is available to you at all times?  Yes  No

Will you be able to participate in scheduled bi-weekly evening training sessions?  Yes  No

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

Will you be able to attend the occasional training or education opportunity that may take you away from home for up to a week at a time?  Yes  No

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

Are you "comfortable" with the sight of blood and injured persons?  Yes  No

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

Will your employer allow you to leave work to attend emergencies?  Yes  No

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

When not at work, are you usually around home, and will you be available to attend emergencies?

Always (90%)  Usually (75%)  Sometimes (50%)  Seldom (25%)

Explain: \_\_\_\_\_

Does your family support you becoming a volunteer firefighter?  Yes  No

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

(Note: the individual Candidate interview encourages the attendance of your spouse, if applicable)

**B. EDUCATION: Complete all appropriate areas in this section.**

**NOTE: Attach copies of all educational achievements that you list here.**

Secondary School education grade achieved: \_\_\_\_\_

Type of certificate or diploma received: \_\_\_\_\_

Business, Trade or Technical School: Name of Course : \_\_\_\_\_

Length of Course: \_\_\_\_\_ Licence, certificate or diploma awarded?  Yes  No

Community College: Name of Program: \_\_\_\_\_

Length of Course: \_\_\_\_\_ License, certificate or diploma awarded?:  Yes  No

University:

Major Subject: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_ Year: \_\_\_\_\_ Distinction?: \_\_\_\_\_

Other licenses, certificates, tickets, papers, degrees, etc.: **NOTE: attach copies where appropriate.**

\_\_\_\_\_

\_\_\_\_\_

Other related skills: Please describe any other skills, experiences or training that are relevant.

**NOTE: You may attach an additional sheet(s) if more space is required, but please do not attach a resume.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. EMPLOYMENT: Complete all appropriate areas in this section.**

Name of Your Current or Last Employer: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

Street Address of Your Work Location: \_\_\_\_\_

Type of Business: \_\_\_\_\_ How Many Employees?: \_\_\_\_\_

Your Job: \_\_\_\_\_ How Long Have You Worked There?: \_\_\_\_\_

Your Duties and Responsibilities: \_\_\_\_\_

What is Your Work Schedule?: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*If you have been with your current employer less than 2 years, please provide details of prior employer.*

Name of Your Prior Employer: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ How long did you work there?: \_\_\_\_\_

Your Duties and Responsibilities: \_\_\_\_\_

Name of Your Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**D. REFERENCES: Complete all appropriate areas in this section.**

Provide the name, address, and telephone number of at least two persons who we may refer to. These persons may not be relatives or employers.

1. \_\_\_\_\_  
Years Known: \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_
2. \_\_\_\_\_  
Years Known: \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_

**OTHER INFORMATION:**

If you have any additional information that you feel is relevant, you may provide it here or on attached sheet(s). If using an attached sheet(s), please place your name and the date on every sheet. Do not attach a resume.

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**E. DECLARATION: Read the following carefully and sign and date the page at the bottom.**

**I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from membership in the fire department, or if I become a member, may be cause for my dismissal.**

**I also understand that all applicants will be required to participate in an applicant screening process; and if offered membership I will be required to successfully complete a recruit training course. I will then be required to successfully complete a one year probationary period, with specific requirements, before being accepted as a full member of the fire department. I understand and agree that if at any point during this process I fail to meet expectations, I may be denied further participation in the evaluation process and my application may be rejected, or if I have accepted a recruit or probationary position with the fire department, I may be dismissed.**

**At the time that I may be offered a position with the fire department, I will be required to sign an undertaking to follow the directions of the officers, of the Council, and the rules, regulations and policies of the fire department.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal information on this form is collected under the authority of the Fire Protection and Prevention Act S.O. 1997, Chapter 4, and will be used to determine your qualifications for membership as a volunteer firefighter in the County of Brant Fire Department. Questions about this collection should be directed to the Fire Chief at 61 Dundas Street East, Paris, Ontario N3L 3H1, (519) 442-4500.**