



The City of Niagara Falls Fire Department  
**VOLUNTEER FIREFIGHTER  
APPLICATION FORM**

**\*PLEASE READ CAREFULLY\***

**Accurate and legible completion of the following application form is the first step in the City of Niagara Falls' Volunteer Firefighter screening process.**

**The application form has five pages (this page and last page excluded).**

**An incomplete, inaccurate or illegible application will not be considered.**

**It is important to supply all information requested.**

**In addition to this application form, candidates must submit:**

- **a current three-year, uncertified driver's abstract; and**
- **a photocopy of a valid Ontario driver's licence.**

**The application form requires signature.**



# VOLUNTEER FIREFIGHTER APPLICATION FORM

**\*PLEASE PRINT CLEARLY\***

## A. REQUESTED STATION(S)

Applications will be considered for station assignment based on residential address and reasonable response time. **Volunteer Firefighters are required to live within the catchment area of the station to which they are assigned** (refer to the *Basic Volunteer Catchment Area* map found on the last page of this document).

Please indicate your preferred choice of station assignment. Final station placement will be determined by departmental requirements.

- STATION 4** (8696 Banting Ave)    
  **STATION 5** (11208 Sodom Rd)    
  **STATION 6** (8037 Schisler Rd)

## B. PERSONAL INFORMATION

The address provided here must match the address listed on your valid Ontario Driver's Licence, and must be where you currently reside.

<b>Last Name</b>		<b>First Name</b>	
<b>Address</b>			
<b>City</b>		<b>Postal Code</b>	
<b>Telephone</b>		<b>Cellular/Mobile</b>	
<b>Email</b>			

- Are you over the age of 18 years?      No      Yes  
 Are you legally eligible to work in Canada?      No      Yes  
 Have you ever been convicted of a criminal offence for which you have not received a pardon?      No      Yes  
 Have you previously been employed by the City?      No      Yes     Year(s) Worked: \_\_\_\_\_

## C. DRIVING EXPERIENCE

At minimum, candidates must possess a valid Ontario class "G" driver's licence. Candidates must be able to attain a "DZ" licence within the first two years as a volunteer.

- Do you have a valid Ontario driver's licence?**      No      Yes  
 If yes, please indicate class of licence: \_\_\_\_\_  Air Brake "Z" Endorsement (check if applicable)

- Do you have training and/or experience in driving heavy vehicles?**      No      Yes  
 If yes, please provide details: \_\_\_\_\_

- Other special driving skills or training (i.e., accident avoidance, skid control)?**      No      Yes  
 If yes, please provide details: \_\_\_\_\_

- Do you possess or have access to a motor vehicle that is available to you at all times?**      No      Yes

**D. EDUCATION & TRAINING** (at minimum, a high school diploma or equivalent is required)

<i>Complete all that apply</i>	School Name	Certificate/Degree/Diploma	Graduated?
<input type="checkbox"/> Grade 12 (or equivalent)			<input type="checkbox"/> N <input type="checkbox"/> Y
<input type="checkbox"/> Firefighter Prep Course			<input type="checkbox"/> N <input type="checkbox"/> Y
<input type="checkbox"/> Trade/Vocational School			<input type="checkbox"/> N <input type="checkbox"/> Y
<input type="checkbox"/> College			<input type="checkbox"/> N <input type="checkbox"/> Y
<input type="checkbox"/> University			<input type="checkbox"/> N <input type="checkbox"/> Y

**Do you possess certification, training or experience in any of the following areas?**

*(check all that apply and provide completion date and/or brief description)*

- NFPA 1001 Firefighter Level I \_\_\_\_\_
- NFPA 1001 Firefighter Level II \_\_\_\_\_
- Fire Safety Systems (i.e., alarms, extinguishers) \_\_\_\_\_
- Rescue procedures (i.e., lifeguard, auto extrication) \_\_\_\_\_
- First Aid / CPR \_\_\_\_\_
- PAD / Defibrillation Training \_\_\_\_\_
- WHMIS \_\_\_\_\_
- Occupational Health and Safety \_\_\_\_\_
- Knowledge of breathing apparatus (i.e., scuba diving) \_\_\_\_\_
- Building Construction \_\_\_\_\_
- Computer Technology/Electronics \_\_\_\_\_
- Leadership \_\_\_\_\_

**Other Certificates, Licences, Apprenticeships, or Programs:**

**E. RELEVANT EXPERIENCE**

<i>Please check all that apply</i>	Number of Years	Department / Location
<input type="checkbox"/> Firefighter Experience	_____	_____
<input type="checkbox"/> Volunteer Firefighter Experience	_____	_____
<input type="checkbox"/> Police Experience	_____	_____
<input type="checkbox"/> Military Service	_____	_____
<input type="checkbox"/> Volunteer/Community Service	_____	_____

**Please outline any other skills and experience you possess that may be relevant to this position:**

## F. PHYSICAL DEMANDS

Volunteer Firefighters are expected to competently perform duties under all types of adverse conditions for prolonged periods of time (i.e., exceeding 4 hours or more) while wearing protective and rescue equipment weighing 40lbs and up.

Are you able to lift / push / pull heavy objects?  No  Yes

If no, state restrictions: \_\_\_\_\_

Are you able to perform work that includes heights?  No  Yes

If no, state restrictions: \_\_\_\_\_

Are you able to perform work in confined/enclosed spaces?  No  Yes

If no, state restrictions: \_\_\_\_\_

Are you bothered by the sight of blood and/or other bodily fluids?  No  Yes

## G. AVAILABILITY

Are you willing and able to participate in weekly practice sessions and maintain a minimum annual rate of 60 training hours or greater?  No  Yes

Are you willing and able to participate in the occasional weekend training program?  No  Yes

Are you willing and able to maintain a 30% annual participation rate for emergency call-outs?  No  Yes

Do you understand that in order to be available for emergency call-outs, you must be able to arrive at the fire station promptly and have abstained from alcohol/cannabis and drugs for the previous 12 hours?  No  Yes

Please indicate the times that you are in Niagara Falls and available to respond to emergencies:

Monday to Friday:  midnight to 6 am  6 am to 6 pm  6 pm to midnight

Saturday to Sunday:  midnight to 6 am  6 am to 6 pm  6 pm to midnight

Other: \_\_\_\_\_

## H. EMPLOYMENT INFORMATION

### Current Employment Status

Full Time  Self-Employed  Other \_\_\_\_\_

Part Time (less than 35 hrs/wk)  Student  Unemployed / Retired

<b>Current or Last Employer</b>		
<b>Employment Dates</b>	<b>Start date</b>	<b>End date</b>
<b>Job Title/Position</b>		
<b>Summary of Duties</b>		
<b>Name &amp; Title of Supervisor</b>		
<b>Telephone Number (s)</b>		

## H. EMPLOYMENT INFORMATION *continued*

<b>Previous Employer</b>		
<b>Employment Dates</b>	<b>Start date</b>	<b>End date</b>
<b>Job Title/Position</b>		
<b>Summary of Duties</b>		
<b>Name &amp; Title of Supervisor</b>		
<b>Telephone Number (s)</b>		

## I. OTHER INFORMATION

If you have other information that may be relevant to your application, please provide it here or as an attachment (i.e., resume and/or certificates).

## J. APPLICATION SUBMISSION CHECKLIST

Please remember to attach the following when submitting this application form:

- Current Driver's Abstract (three-year, uncertified driver's abstract that is less than six months old)
- Photocopy of valid Ontario Driver's Licence

*Optional:*

- Current Certificates for Firefighting, Rescue and/or First Aid (if applicable)

## K. ASSUMPTION OF RISK and STATEMENT OF UNDERSTANDING

I, the undersigned, recognize, understand and agree to the following:

1. All applicants are required to participate in an applicant screening process.
2. I recognize and understand that the screening process, including but not limited to the Occupational Assessment, may involve the risk of injury. Despite these and other risks, and fully understanding such risks, I hereby assume all of the risks encountered while on City of Niagara Falls' property during the recruitment process. I also hereby hold harmless the Corporation of the City of Niagara Falls and indemnify them against any or all claims, action suits, procedures, costs, expenses (including attorney's fees and expenses), damages and liabilities arising out of, connected with, or resulting from my participation in the screening process. I hereby release the City of Niagara Falls any and all such liability and I understand that this release shall be binding upon my representatives and assigns. I am aware by signing this Assumption of Risk and Statement of Understanding I am waiving certain legal rights which I, or my heirs, next of kin, executors, administrators and assigns may have against the releasees.
3. I hereby certify to the Corporation of the City of Niagara Falls that I am in good health and do not suffer from a medical condition or other ailment which could be exacerbated by exertion. I further certify that I am 18 years of age or older.
4. If my application is accepted for review, acceptance by the Fire Department is conditional upon successful completion of the following:
  - a. Physical Ability, Acrophobia and Written Assessment Testing;
  - b. Interview;
  - c. Canadian Police Criminal Record and Judicial Matters Check;
  - d. Medical Evaluation;
  - e. Reference Checks; and
  - f. Recruit Training plus One-Year Probationary Period.
5. If accepted as a Volunteer Firefighter, I will be required to maintain residency within the catchment of the station to which I am assigned.
6. If accepted as a Volunteer Firefighter, I will be required to maintain the minimum annual (November to November) attendance requirements of:
  - a. 60 hours of training; and
  - b. 30% participation rate in all emergency responses for the station to which I am assigned.
7. By submitting this application, I declare that the information provided here is true and complete to the best of my knowledge. I hereby give consent to The Corporation of the City of Niagara Falls to conduct verification of the information given, as required. I understand that any false statements, concealment, or deliberate omission of material fact made by me may be sufficient cause for cancellation of the application and, if I have been accepted as a Volunteer Firefighter, for immediate dismissal from The Corporation of the City of Niagara Falls.

### **Applicant Acknowledgement:**

By checking this box and printing/typing my name below I am signing this application form and agreeing to the Assumption of Risk and Statement of Understanding outlined above.

\_\_\_\_\_  
**Printed Name/Signature:**

\_\_\_\_\_  
**Date:**

*The City of Niagara Falls is an equal opportunity employer committed to inclusive, barrier-free recruitment and selection processes and work environments. Upon request, the City will accommodate the accessibility needs of applicants under the Ontario Human Rights Code and the Accessibility for Ontarians with Disabilities Act (AODA) throughout all stages of the recruitment, selection, and interview process. Personal information is collected under the authority of the Municipal Act and will only be used to determine suitability for this position. We thank all applicants for their interest, but only those advancing through the selection process will be contacted.*



# Basic Volunteer Catchment Area

