



## CITY OF NIAGARA FALLS

# VOLUNTEER FIREFIGHTER APPLICATION FORM

**\*PLEASE READ THE FOLLOWING CAREFULLY\***

Information about the City of Niagara Falls' Volunteer Firefighter position, selection process and recruitment timeline may be found within the *Volunteer Firefighter Recruitment Information Guide* available on the City website ([www.niagarafalls.ca/jobs](http://www.niagarafalls.ca/jobs)) during the active recruitment drive (or requested by emailing [VolunteerFire@niagarafalls.ca](mailto:VolunteerFire@niagarafalls.ca)).

Candidates must reside within the area of volunteer response to be eligible for this role (refer to the *Basic Volunteer Catchment Area* map on the last page of this document).

Accurate and legible completion of the application form is the first step in the screening process.

- The application form has six (6) pages - this page and the last page are excluded.
- The application form requires signature (page 5).
- Candidates are to answer all questions to the best of their knowledge and ability.
- An incomplete, inaccurate or illegible application will not be considered.

In addition to this application form, candidates must provide:

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

Applications without these documents will not be considered. A resume may be included but is not required.

**Applications are to be submitted no later than 4:30 p.m. on Thursday, September 5, 2024:**

- via the City website ([www.niagarafalls.ca/jobs](http://www.niagarafalls.ca/jobs)); or
- emailed to [resumes@niagarafalls.ca](mailto:resumes@niagarafalls.ca); or
- hand-delivered, using a sealed envelope marked "Attention: Human Resources", to City Hall (4310 Queen Street) during business hours.

All applications will be held in strict confidence. Personal information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will only be used to determine suitability for this position.

At any time during the recruitment process, candidates may voluntarily withdraw their application by emailing [VolunteerFire@niagarafalls.ca](mailto:VolunteerFire@niagarafalls.ca)

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.

We thank all applicants for their interest but only those advancing through the selection process will be contacted.



City of Niagara Falls

# VOLUNTEER FIREFIGHTER APPLICATION FORM

\*PLEASE PRINT CLEARLY IF USING PEN TO COMPLETE\*

## 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.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

How long have you lived at this address?

- less than 6 months
- less than one year
- 1-2 years
- 2-5 years
- 5 years +

Telephone \_\_\_\_\_ Cellular/Mobile \_\_\_\_\_

Email \_\_\_\_\_

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 *If yes, year(s) worked:* \_\_\_\_\_

## C. AVAILABILITY FOR TRAINING AND EMERGENCY RESPONSE

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Volunteer Firefighters must be prepared for, and committed to, meeting annual attendance requirements.

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: \_\_\_\_\_

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, 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

## D. PHYSICAL DEMANDS

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Volunteer Firefighters are expected to competently perform duties under adverse conditions for prolonged periods of time 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 small, confined/enclosed spaces?     No     Yes

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

Are you a proficient swimmer?     No     Yes

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

## E. DRIVER'S LICENCE AND EXPERIENCE

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At minimum, candidates must possess a valid Ontario class "G" driver's licence. Individuals must be able to attain a "DZ" licence within the first two (2) years of becoming a Volunteer Firefighter.

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

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

## F. EDUCATION AND TRAINING

At minimum, candidates must possess a high school diploma or the equivalent. Please indicate the highest level(s) of education achieved to date (select all that apply).

	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	_____	_____	<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 have certification, training and/or experience in any of the following subject areas?

Skill	No / Yes	Brief Description (e.g., training only, some experience, proficient, date/level of certification, etc.)
NFPA 1001 Firefighter Level I	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
NFPA 1001 Firefighter Level II	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Fire Safety Systems (i.e., alarms, extinguishers)	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Rescue procedures (i.e., lifeguard, auto extrication)	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
First Aid / CPR / Medical	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
PAD / Defibrillation	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Occupational Health and Safety	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
WHMIS	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Breathing Apparatus (i.e., SCUBA diving)	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Building Construction / Technology	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Climbing (i.e., rope, ladder, outdoor, arboriculture)	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Coaching / Counselling / Leadership / Teaching	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Computer / Information Technology	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Electrical Systems	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Mechanical (i.e., motor / equipment / tools / vehicle)	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Plumbing Systems (i.e., pumps, valves, sprinklers)	<input type="checkbox"/> N <input type="checkbox"/> Y	_____
Radio / Telephone Communications	<input type="checkbox"/> N <input type="checkbox"/> Y	_____

Other Certificates, Licences, Apprenticeships, or Programs?  
(candidates are welcome to attach proof of trade, licence or certification)

**G. RELEVANT EXPERIENCE**

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<b>Experience</b>	<b>No / Yes</b>	<b># of Years</b>	<b>Department / Location</b>
Firefighter	<input type="checkbox"/> N <input type="checkbox"/> Y	_____	_____
Volunteer Firefighter	<input type="checkbox"/> N <input type="checkbox"/> Y	_____	_____
Police	<input type="checkbox"/> N <input type="checkbox"/> Y	_____	_____
Medical (i.e., EMS)	<input type="checkbox"/> N <input type="checkbox"/> Y	_____	_____
Military Service	<input type="checkbox"/> N <input type="checkbox"/> Y	_____	_____
Volunteer / Community Service	<input type="checkbox"/> N <input type="checkbox"/> Y	_____	_____

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

**H. EMPLOYMENT INFORMATION**

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**Current Employment Status**

- Full Time
- Self-Employed
- Unemployed / Retired
- Part Time (less than 35 hrs/wk)
- Student
- Other \_\_\_\_\_

**Current Employer**

\_\_\_\_\_

Employment Dates      Start date \_\_\_\_\_      End date \_\_\_\_\_

Job Title/Position \_\_\_\_\_

Summary of Duties \_\_\_\_\_

\_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

**Previous Employer**

\_\_\_\_\_

Employment Dates      Start date \_\_\_\_\_      End date \_\_\_\_\_

Job Title/Position \_\_\_\_\_

Summary of Duties \_\_\_\_\_

\_\_\_\_\_

Name & Title of Supervisor \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

## I. ASSUMPTION OF RISK and STATEMENT OF UNDERSTANDING

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- I, the undersigned, recognize, understand and agree to the following (*initial after each statement and sign at bottom*):
1. All applicants are required to participate in an applicant screening process. *Initials:* \_\_\_\_\_
  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. *Initials:* \_\_\_\_\_
  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. *Initials:* \_\_\_\_\_
  4. If my application is accepted for review, I understand that 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;
    - f. Recruit Training plus One-Year Probationary Period. *Initials:* \_\_\_\_\_
  5. If accepted as a Volunteer Firefighter, I will maintain residency within the catchment of the station to which I am assigned. *Initials:* \_\_\_\_\_
  6. I understand Recruit Training has course material commitments, lesson deadlines, and testing benchmarks. If accepted as a Volunteer Firefighter, I will work diligently to meet these training requirements and understand I will be withdrawn from the program if unsuccessful. *Initials:* \_\_\_\_\_
  7. If accepted as a Volunteer Firefighter, I will maintain the minimum annual (November to November) attendance requirements of: 60 hours of training; and 30% participation rate in all emergency responses for the station to which I am assigned. *Initials:* \_\_\_\_\_
  8. If accepted as a Volunteer Firefighter, I will maintain myself in a manner that ensures my face is free of facial hair, jewellery or otherwise that may prohibit the safe use of a respirator. *Initials:* \_\_\_\_\_
  9. 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. *Initials:* \_\_\_\_\_

### 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.

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Printed/Typed Name

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Date

## J. APPLICATION SUBMISSION CHECKLIST

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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)
- Copy of valid Ontario Driver's Licence

*Optional:*

- Resume
- Current Certificates (if applicable)



# Basic Volunteer Catchment Area

