



SUN PEAKS FIRE RESCUE MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

REQUIRED INFORMATION

Name:

Surname

Given Names

Telephone:

Email:

Emergency Contact:

Emergency Contact Telephone:

Permanent Mailing Address:

Date of Birth:

Citizenship:

day/month/year

Valid BC Driver's License#:

CLASS:

Do you have Air Brakes Endorsement?

YES

NO

JIBC Student Number (If Known):

Are you a resident of the Sun Peaks/Whitecroft area?

YES

NO

If yes, how long have resided in the Sun Peaks/Whitecroft area?

Do you have any medical conditions or disabilities that may interfere with your ability to perform the tasks of a Fire Fighter?

YES

NO

If yes, please explain:

Do you consent to undergo a medical examination?

YES NO

Do you consent to having a Police Information Check done by our department? (Form attached)

YES NO

If no, please explain:

EXPERIENCE

Do you have any previous firefighting experience? YES NO

If yes, please provide details:

Do you have previous first aid experience? YES NO

If yes, please provide details:

Describe any other of your skills that may be applicable to the Fire Service:

WORK EXPERIENCE

Are you employed? YES NO

Present Employer:

Occupation:

Is your job site in the Sun Peaks area? YES NO

Would your employer allow you to respond to emergency calls during working hours?

Always Usually Rarely Never

When are you normally available to respond to emergencies?

Daytime hours (between 7 AM and 6 PM) Always Usually Rarely Never

Nighttime hours (between 6 PM and 7 AM) Always Usually Rarely Never

Why do you think you would be an asset to this Department?

As a member of SPFR you will be required to attend a weekly training session (approximately 6:15 PM to 8:45 PM). Can you meet this requirement? YES NO

I verify that the information contained on this application form is true and accurate and hereby give consent to Sun Peaks Fire Rescue to conduct verification of information given, as required.

SIGNED:

DATE:

Please submit completed application along with all required documents in person to the Sun Peaks Fire Hall located at 1220 Alpine Rd.

Required Documents:

SPFR Application Form

Police Information Check

Driver's Abstract & Photocopy of Driver's License



SUN PEAKS FIRE RESCUE

Royal Canadian Mounted Police
Tk'emlúps Rural Detachment
395 Yellowhead Hwy, Kamloops, BC

To Whom It May Concern:

_____ is applying to be a member of Sun Peaks Fire Rescue and requires a Police Information Check and Vulnerable Sectors Check as part of our volunteer firefighter enrollment package.

If you have any questions or require further information, please contact Fire Chief Dean Schiavon at (250) 578-8985.

Thank you for your assistance.

Sincerely,

Dean Schiavon
Fire Chief
Sun Peaks Fire Rescue
Email: chief@sunpeaksfirerescue.com

Tk'emlúps Rural RCMP Detachment

Police Information Check

Log:

Receipt:

Received at:

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:	
Type of ID Produced:	Number:	
INSTRUCTIONS FOR COMPLETION		
(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)		
<i>Please complete clearly in ink</i>		
You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present: Any applicable fee (see website for costs and payment options). One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth. If you are unable to provide proper identification the police agency cannot complete your check.		
Your Police Information Check will review all available law enforcement systems, including any local police records.		
This check will <u>NOT</u> include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.		
The results of this check will not be forwarded to a third party (with the exception of confirmed positive Vulnerable Sector responses).		
PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)		
LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	
ADDRESS (Apartment, street # and name)	CITY	PROV POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)	
PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)		*Check Completed (office use only)
STREET NAME: _____	CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____ <input type="checkbox"/> yes <input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): Volunteer (attach letter) - Employment Other (specify below)

Key Contact Name: _____

Volunteer Agency/Employer Name: _____

Volunteer Agency/Employer Address and Phone Number: _____

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: YES NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
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VULNERABLE SECTOR APPLICANTS:

FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Reason for Consent:

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (*what you will be doing*): _____

Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you will be in authority over*):

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

_____ Signature of Applicant	_____ Date Signed
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DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

Date of Conviction	Nature of Offence	Location/Jurisdiction

_____ Signature of Applicant	_____ Date signed
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Applicant Name	Applicant DOB
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SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the Tk'emlúps Rural RCMP Detachment and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Tk'emlúps Rural RMP of Kamloops, BC, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date Signed

*******FOR OFFICE USE ONLY*******

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<u>CPIC</u>				
<u>PRIME</u>				
<u>PIP/LEIP</u>				
<u>JUSTIN</u>				
<u>VS – FP REQ.</u>				

NOTES (office use only):
