BAY ROBERTS FIRE RESCUE PO BOX 114, BAY ROBERTS, NL A0A 1G0

OFFICE: 1-709-786-2126 EMAIL: justinparsons@bayroberts.com

To whom it may concern,

Thank you for your interest in becoming a member of Bay Roberts Fire Rescue. As a member of our team, you will embark on a rewarding career full of rich heritage, unique skills and community involvement. Please review our Mission Statement, Vision Statement along with our list of Valves listed below.

MISSION STATEMENT

Bay Roberts Fire Rescues mission is to provide emergency operations, public education, fire prevention and emergency medical services to the citizens and visitors of the Town of Bay Roberts & surrounding areas deemed by Council.

VISION STATEMENT

Bay Roberts Fire Rescues goal is to be the best equipped, best trained and the most professional department capable of providing the highest quality service at the most reasonable cost to the taxpayers of the Town of Bay Roberts.

VALUES

The values by which Bay Roberts Fire Rescue operates are:

- Integrity and pride in the Fire Department;
- Quality customer service;
- Commitment to the community;
- Efficiency in management; and,
- Appreciation for the tradition of Volunteer Firefighting.

If you believe that this is a good fit for you, we encourage you to apply!

Here is our application checklist. These documents <u>MUST</u> accompany your application submission. If you are unable to submit these documents with your application you may be disqualified from the competition. Please note that some of these documents take weeks to obtain, therefore we encourage you to get them in process as soon as possible to ensure they are completed prior to the application deadline.

Application checklist prior to submission (ALL MUST BE ATTACHED AT TIME OF SUBMISSION)

- All parts of the application have been completed
- Applications should be dropped off at Town Hall Marked "Attention to Hiring Committee"
- o Code of Conduct with vulnerable sector check included
- Court check has been included (letter to waive the processing fee is attached to be used)
- o Drivers Abstract has been included (submit receipt to be reimbursed for cost)
- Firefighter Medical exam form has been included (if any cost for exam, submit to be reimbursed)
- Hand delivered to The Town office no later than the closing date of <u>29 May 2024</u>

REVISED: 16. April. 2024

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APPLICATION FOR MEMBERSHIP

PLEASE PRINT CLEARLY

SECTION A: PERSONAL INFORMATION

Full Name:			
Civic Address:	Mailing Address:		
Phone Number:	Email:		
Date of Birth (YYYY/MM/DD):			
Level of Education:	Occupation:		
	SECTION B: BASIC REQUIREMENTS Circle One		
Do you currently reside within The N	Yes	No	
Are you currently employed within the Municipal Boundary of Bay Roberts?			No
Will your employer allow you to leave work in order to attend a Fire/ Emergency callout?			No
Are you a minimum of 18 years of ag	re?	Yes	No
Do you possess a valid NL Class 5 Un	Yes	No	
Do you have a current NL Driver's Licence Air Brake endorsement?			No
Do you believe you are free of medical conditions that may preclude your participation as a volunteer firefighter?			No
Are you willing to participate in a me	Yes	No	
-	refighters are expected to be in good physical condition, ble to participate in a physical fitness related test as part	Yes	No
ensure a self-contained breathing ap	pplicants are required to remain without facial hair to paratus mask will form a positive seal on the face?	W	
(moustache and short side burns are	Yes	No	

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SECTION C: AVAILABILITY

night drills (approximat	Yes N	No		
•	t in order to be available for emo ion promptly and have abstaine			
previous 8 hours?		lo		
Are you willing and able Emergencies 24/7 365?	Yes N	lo		
Are you willing and abl	Yes N	lo		
Experience: Please indicate	SECTION D: SK e if you have any of the following ski	ILLS AND EXPERIENCE Ils or training:		
First Aid Certificate/CPI	R/AED (date last taken):	Level of Tr	aining:	
Previous Emergency Vo	lunteer Experience - Explain:			
Previous Firefighter Exp	perience – Explain:			
Skilled Trade:				
Other (Describe):				
SEC	TION E: REFERENCES (Prefera	bly from current or previous ences that are not related to you.	employers)	
Reference #1	ricase provide ello rejeli	ences that are not related to your		
Last Name:	First Name:	Title:		
Company:		Phone Number:		
Years know:	Email:		Can we contact them? Ye	s No
Reference #2				
Last Name:	First Name:	Title:		
Company:		_ Phone Number:		
Years known:	Email:		Can we contact them? Ye	es No

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SECTION F: DECLARATION OF APPLICANT

I	f I provide infor ay be rejected	rmatio	n in connecti	ion with my a	pplication wh	ich is found to be
Date:						
Office use only						
All forms attached:	Date applicati	on rec	eived:			
Applicant meet with Hiring Committee:	Yes	No	Date:			
Applicant Accepted or Denied:			Date:			

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This letter is to be submitted to the Court House to waive the processing fee for court check

April 17, 2024

RE: CONSENT FOR CRIMINAL RECORD AND VULNERABLE SECTOR CHECK

TO WHOM IT MAY CONCERN,

Please be advised that ______ is the process of applying for a membership with Bay Roberts Fire Rescue. Part of the application process requires all applications to provide consent for Criminal Record and Vulnerable Sector Check.

It is Bay Roberts Fire Rescue understanding that a consent for Criminal Record and Vulnerable Sector Check is available by contacting the Provincial Court in Harbour Grace. The fee for this check is waived when the applicant is applying for membership in a volunteer organization.

Should you have any questions, concerns or require additional information please contact me.

Regards,

Justin Parsons
Director of Protective Services
Town of Bay Roberts
Phone: 1-709-786-2126 ext. 239
justinparsons@bayroberts.com

