

August 19, 2021

**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  
[jparsons@town.bayroberts.nf.ca](mailto:jparsons@town.bayroberts.nf.ca)



**NOTE:**

- Applications should be dropped off at Town Hall or Fire Department- Marked "Attention to Hiring Committee"
- All parts of the applications MUST BE COMPLETED
- Please Ensure Criminal Record & Vulnerable Sector Checks are in progress
- Please Ensure to attach a Drivers Abstract with your application

**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 Municipal Boundary of Bay Roberts?	Yes	No
Are you a minimum of 19 years of age?	Yes	No
Do you possess a valid NL Class 5 Unrestricted Driver's License and a good driving record?	Yes	No
Do you have a current NL Driver's Licence Air Brake endorsement?	Yes	No
Do you understand that applicants will be required to provide a Driver's License Abstract, Criminal Record Check & Vulnerable Sector?	Yes	No
Do you believe you are free of medical conditions that may preclude your participation as a volunteer firefighter?	Yes	No
Are you willing to participate in a medical check required of potential volunteer firefighters?	Yes	No
Do you understand that volunteer firefighters are expected to be in good physical condition, and do you feel you are physically able to participate in a physical fitness related test as part of the selection process?	Yes	No
Do you understand that successful applicants are required to remain without facial hair to ensure a self-contained breathing apparatus mask will form a positive seal on the face? <i>(moustache and short side burns are acceptable as long as they don't affect the seal)</i>	Yes	No

**SECTION C: AVAILABILITY**

If accepted by the Fire Department, you will be required to attend regular Monday night drills (approximately 7:15PM to 9:30PM). Can you meet this requirement? Yes      No

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 and drugs for the previous 8 hours? Yes      No

Are you willing and able to retain and wear an emergency pager and respond to Emergencies 24/7 365? Yes      No

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

**SECTION D: SKILLS AND EXPERIENCE**

*Experience: Please indicate if you have any of the following skills or training:*

First Aid Certificate/CPR/AED (date last taken): \_\_\_\_\_ Level of Training: \_\_\_\_\_

Previous Emergency Volunteer Experience - Explain: \_\_\_\_\_

Previous Firefighter Experience – Explain: \_\_\_\_\_

Skilled Trade: \_\_\_\_\_

Other (Describe): \_\_\_\_\_

**SECTION E: REFERENCES (Preferably from current or previous employers)**

*Please provide two references that are not related to you.*

**Reference #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Years know: \_\_\_\_\_ Email: \_\_\_\_\_ Can we contact them? Yes No

**Reference #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Years known: \_\_\_\_\_ Email: \_\_\_\_\_ Can we contact them? Yes No

**SECTION F: DECLARATION OF APPLICANT**

I \_\_\_\_\_ certify that all the information submitted in this application is truthful and correct. I understand that if I provide information in connection with my application which is found to be untrue or incomplete, my application may be rejected and I may be subject to discipline up to and including termination if I am hired as a successful applicant.

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

---

**Office use only**

All forms attached: \_\_\_\_\_ Date application received: \_\_\_\_\_

Applicant meet with Fire Dept Executive: Yes                      No      Date: \_\_\_\_\_

Applicant Accepted or Denied: \_\_\_\_\_ Date: \_\_\_\_\_