



GRAND FORKS FIRE/RESCUE
PO Box 220, 7214 2nd Street
Grand Forks, BC V0H 1H0
Ph. 250-442-3612
Email: firehall@grandforks.ca



Application Form

Name _____ Date _____

Home Address _____

Home Phone _____ Cell _____

Work Address _____ Hours of Work _____

Will your employer allow you to go to daytime calls? _____

Do you have any previous Fire Fighting Training or experience?

Years _____ Department _____

Certifications _____

Do you have any previous Emergency Training? If yes, what level of certification _____

Do you have a valid B.C. Drivers Licence? _____ Licence # _____

Please bring in a drivers abstract from less than one month from application form date.

Do you have any physical/mental conditions which may limit your ability to perform certain types of work? _____

If yes, please describe _____

Are you on any medications? _____ If yes please describe _____

Applicant signature _____



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Firefighter Recruit Information About Our Department

Grand Forks Fire/Rescue provides Fire, Rescue, and medical services to the City of Grand Forks, and under contract with the Regional District of Kootenay-Boundary to residents of Electoral Area "D" (Rural Grand Forks). The department operates three fire halls located throughout the Grand Forks valley.

Station 351: George Evans' (Hummingbird Bridge)

Station 352: Carson (Rilkoff's Store)

Station 354: City (2nd Street and 72nd Avenue, downtown Grand Forks)

Personnel are assigned to halls based on response time from their home to the fire hall. Within each hall, firefighters are assigned to a particular company, or work group.

Requirements

Grand Forks Fire/Rescue requires that all candidates submit to a Criminal Record Check which may be completed online at the downtown fire hall. All members must possess a valid driver's license. During our training process we will provide opportunities for members to complete the airbrake endorsement.

Personnel must be at least 19 years old. Candidates below 19 years of age may be able to join as a junior member.



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Hours of Work / Duty Crews

For rescue calls or minor and major fires, all firefighters will be paged to attend.

Depending on the nature of the call and the time of day the responding officer might only call one Duty Crew

Training

The Fire Department's weekly training session is held Wednesday evenings starting at 7:00pm. Practices generally run for two hours, occasionally longer depending on the material being presented. Additional training sessions may be scheduled from time-to-time throughout the year at different times, including weekends.

To meet the training requirements as specified by the BC Office of the Fire Commissioner (The Training "Playbook"), Grand Forks Fire/Rescue has partnered with the College and Viera Fire Academy program. Firefighters will be trained to NFPA 1001 standard and examined to receive a nationally recognized ProBoard certification in firefighting. As such, firefighters will be expected to complete theory and practical exams as their training progresses.

Additional training may be offered from time to time in specialty disciplines such as: NFPA 1006 Rescue (Slope, High-Angle, Confined Space), NFPA 472 Hazardous Materials, First Responder. This training may occur on weekends.



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Attendance

Members are required to attend weekly training. They will attend calls when their hall has been activated. If you are home, you are expected to respond.

Grand Forks Fire/Rescue makes allowances for work schedules and family commitments. Personnel are expected to make 30% of calls for which their assigned Station.

Day shift workers are expected to attend 70% of practices. Members working out-of town will be expected to make 90% of practices when home. When practice sessions are missed due to work or family commitments, members are expected to arrange with Officers (Chiefs, Captains) to make up for missed material to keep the training program progressing.

Falling behind or missing exams may result in a member being held at a particular training level rather than advancing with their peers or may lead to termination from the fire dept.

Clothing and Equipment

Firefighters will be issued, on loan, various items including Personal Protective Equipment, station uniform, footwear, pager or two-way radio, study manuals, or other equipment as deemed necessary by the Chiefs. The list of items assigned will be recorded on the form attached as Appendix A.

Upon retirement from the fire department, all items shall be returned to the department in good condition allowing for normal wear. Items lost or otherwise not returned shall be replaced at the firefighter's expense.



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Firefighter Benefits

Firefighters are covered by WorkSafeBC while engaged in fire department activities. The department provides additional life insurance coverage to all members through Provident on date a firefighter is hired.

After passing a six-month probation period, members are also eligible for department-funded benefits package through Group Source Benefits, including extended health and dental coverage. Members covered through their employers instead qualify for a healthcare spending account which will cover charges not covered by their other plans, up to an annual limit.

The application form for the benefits package, attached as Appendix "B", must be filled out upon joining the department and will be kept on file to be activated once the probation period has been completed.

Members who fail to meet attendance criteria may be removed from the benefit program.

Remuneration Policy

The City of Grand Forks Will pay firefighters a rank based hourly remuneration three times a year per the remuneration policy # FD-01-01 Recruit \$15.25, Firefighter \$16, Lieutenant \$18, Captain/Safety Officer \$20

Volunteer Association

All members of the department are also members of the Grand Forks Volunteer Firefighters Association, which is primarily the social side of the department.

Tax Credits

Canada Revenue Agency has certain tax credits for eligible volunteer firefighters.

All volunteer firefighters are eligible to claim up to \$1,000 earned as stipend from the Association tax-free. Alternatively, members who accumulate at least 200 hours of volunteer time may claim a \$3,000 credit against total annual income. We strongly suggest that your tax preparer evaluate both options to see which is more beneficial to you year-to-year.



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Conduct Policy

All persons applying to become member of Grand Forks Fire Rescue team shall save sound the tradition for which Firefighters have held and continue to hold foremost, a tradition of dedication and duty rewarded mainly by a feeling of pride in belonging to the group. Each application must agree to be governed by the following Policy which will indicate his/her willingness to commit to the Firefighter cause.

- 1. Firefighters will obey all department officers during department operations.**
- 2. All Firefighters will commit themselves to attend promptly to all calls and practices.**
- 3. Firefighters will adhere to the WorkSafeBC regulation regarding being clean shaven.**
- 4. No Firefighter will attend calls or training while intoxicated.**
- 5. No Firefighter will drive or operate Fire Department equipment while under the influence of drugs or alcohol.**
- 6. All Firefighters will agree to take all training set out by the department when requested.**
- 7. As this department is based on dedication, trust and friendship, no Firefighter will adversely contrive to disrupt department harmony or policy.**
- 8. Theft or pilfering on any scale will not be tolerated. Persons found guilty of such will be dismissed.**
- 9. General public conduct should not be such as to bring embarrassment to the department or any member.**
- 10. No tools, equipment, etc. will be removed from a fire hall without the approval of a Chief Officer.**
- 11. I have or will conduct a criminal record check, either online at the fire hall, or at RCMP detachment.**

I have read and understand the above policy and agree to abide by it.

Signature _____

Date _____

MEMBER APPLICATION - GROUP BENEFITS ENROLMENT

PLEASE PRINT LEGIBLY



MEMBER SECTION

1	MEMBER FIRST NAME		MEMBER LAST NAME			
	MEMBER ADDRESS		CITY	PROVINCE	POSTAL CODE	
	DATE OF BIRTH <small>yyyy/mm/dd</small>		GENDER	PERSONAL PHONE #		
	WORK EMAIL		PERSONAL EMAIL			
2	ARE YOU MARRIED OR IN A COMMON LAW RELATIONSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF COMMON LAW, PLEASE PROVIDE DATE OF COHABITATION <small>(yyyy/mm/dd)</small>			
	LIST OF DEPENDENTS <small>(Spouse, then dependents, oldest first)</small>		GENDER	DATE OF BIRTH <small>yyyy/mm/dd</small>	RELATIONSHIP	
	FIRST NAME	LAST NAME			SPOUSE	
3	BENEFICIARY DESIGNATION - GROUP LIFE, BASIC AD&D/ASI AND LONG TERM DISABILITY SURVIVOR BENEFITS (IF APPLICABLE)					
	<i>If no beneficiary is designated by the member, the benefit is payable to the estate. Percentages must total 100% to be valid.</i>					
	NAME OF BENEFICIARY	RELATIONSHIP TO MEMBER	% OF BENEFIT	DATE OF BIRTH <small>yyyy/mm/dd</small>		
FOR QUEBEC RESIDENTS ONLY: In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified. If beneficiary is shown as irrevocable, his/her consent is required to change it.		QUEBEC RESIDENTS ONLY: IF THE SPOUSE IS DESIGNATED AS BENEFICIARY, THIS DESIGNATION IS: <input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE				
4	DECLARATION APPOINTING TRUSTEE (Complete if beneficiary is under the age of majority) <i>Not applicable in Quebec</i>					
	I hereby appoint _____ as Trustee to receive any amount due to any Beneficiary(ies) under the age of majority and declare the receipt of such Trustee shall be good discharge to The Group Insurer(s) for the amount so paid. And I do hereby authorize such Trustee, at his/her discretion, to expend all or any portion of such amount and/or the income there from for the maintenance or education of such beneficiary(ies). Address of Trustee: _____ Relationship to Beneficiary: _____					
5	PLEASE INDICATE YOUR DESIRED COVERAGE LEVEL (ALL FUTURE CHANGES SHOULD BE REPORTED TO YOUR PLAN ADMINISTRATOR)					
	EXTENDED HEALTH CARE (EHC) & DENTAL CARE: _____ (S/C/F/O) S = Self Only (Single) C = Self and One Dependent (Couple) F = Self and Two or More Dependents (Family) O = No coverage for myself or my Dependents <i>Note: You must have alternative insurance to opt out of these benefit coverages. Please complete Waiver section below.</i>					
6	WAIVER OF EXTENDED HEALTH AND DENTAL COVERAGE					
	I understand the plan of Group Insurance offered to me. However, if permitted by the provisions of the plan, I wish to waive the following benefits. I recognize that if my alternate coverage terminates, I must apply for coverage under my plan sponsor's Group Plan within 31 days of the termination date. Should I fail to do so, I may be required to submit, at my own expense, satisfactory evidence of insurability for myself and my dependents, or I may be required to pay premiums retroactive to the date of eligibility or benefits may be restricted or denied. I confirm that I have comparable coverage provided for me and/or my dependents under the following benefits plan: Name of Plan Sponsor: _____ Name of Insurer: _____ Group Number: _____					
7	CO-ORDINATION OF BENEFITS ARE YOU OR YOUR DEPENDENTS COVERED UNDER ANOTHER BENEFITS PLAN?					
	Extended Health Care (EHC) _____ (Y/N) Coverage Level _____ (S/C/F) Dental Care: _____ (Y/N) Coverage Level _____ (S/C/F)					
8	MEMBER AUTHORIZATION - PLEASE READ, SIGN AND DATE					
	I hereby apply for group benefits coverage provided by my plan sponsor and authorize the regular deduction from my pay for any contributions to be made by me in relation to benefits. In regard to these and other benefits for which I am applying or will apply, I am providing certain personal information about myself and my family (if appropriate) and I hereby expressly provide consent to my plan sponsor, and to GroupSource, the plan insurers and re-insurers, providers and agents to collect, use, and disclose any and all information necessary to establish and maintain my benefits. I also understand that GroupSource will acquire information about me and my family in the course of, but not limited to, the provisions of benefits and satisfying any claims made and responding to insurer or provider requests. I expressly provide consent that GroupSource may disclose such information and all other information to the plan insurers and re-insurers, providers, agents, the plan sponsor or anyone necessary for the provision of benefits, in order to respond to insurer or provider requests for the purpose of determining eligibility, administration of benefits in good standing. I understand that no personal information will be disclosed for any other purpose without my consent. GroupSource limits access to those that are required to review the information for the establishment and provision of benefits. I confirm that I am authorized to act on behalf of my spouse and/or dependents for the purposes as set out herein. I declare the information provided with this application is true, complete and accurate. Any copy of this authorization is as valid as the original. MEMBER SIGNATURE X _____ DATE X _____					
9	PLAN SPONSOR NAME					
	PERSONAL IDENTIFICATION NUMBER		MEMBER NUMBER		OCCUPATION	
	DATE OF PART-TIME EMPLOYMENT	DATE OF FULL-TIME EMPLOYMENT	DATE ELIGIBLE FOR COVERAGE	ANNUAL EARNINGS	# OF HOURS PER WEEK/F.TE.	
					CLASS	
				DEPT/DIV/LOCATION		

PLAN SPONSOR SECTION