

Name: _____

FOR OFFICE USE ONLY

Date of Interview: _____.

High Prairie Fire Department
HPFD
- ESSE QUAM VEDERI EMERITUS -

APPLICATION

Accurate, legible completion of this document is the first step in the Department screening process.

Incomplete or inaccurate applications will result in automatic expulsion from this competition. Please supply all information requested.

RECRUITMENT ORIENTATION GUIDE

This handbook has been developed as a resource for those men and women who have indicated an interest in becoming a volunteer member of the Fire Department. Participation as a volunteer member of the Fire Service will bring personal rewards, satisfaction, raise self-esteem and give you a tremendous sense of accomplishment for a job well done. Your involvement will also provide your community with a valuable service that has the potential to touch us all.

However, service in our department requires serious commitment. The High Prairie Volunteer Fire Department is a 24 hour-a-day service that provides emergency fire service, rescue and other related services to the town of High Prairie and surrounding area. These services are provided by our highly trained and well-equipped volunteer fire department members. Our Volunteer firefighters receive pay for some of the services they provide but as well volunteer many hours to our community.

Your decision to join should not be made quickly. This recruitment handbook has been developed to provide the information needed to help you make that decision. Making a commitment to serve as a volunteer is a serious decision, we ask that you take the time to read this booklet and get the facts of what is involved in being a member of the Fire Department.

Once you understand what is involved in being a member of the Fire Department, we hope you will find that you are able to make the commitment that our community requires. The service provided by Volunteer Firefighters is truly valuable to the citizens of our municipality and the people travelling through. We hope that you are able to contribute to the cause.

Further information can be obtained by contacting the Fire Chief or the Deputy Fire Chief of the High Prairie Fire Department.

GOALS OF THE FIRE DEPARTMENT

The mission of our fire department is to protect life, property and businesses from the effects of fires and disasters and to provide rescue services to motorists traveling our highways. A significant portion of our mission can be accomplished through fire prevention, education and emergency preparedness programs and when called upon, we will provide a safe, rapid, professional and compassionate response to all emergencies.

THE NATURE OF OUR BUSINESS

Firefighting is one of the most diverse and challenging professions known today. It is this diversity that inspires young men and women to enter into the service, both as volunteers and career employees. The fact that your skills may be needed at any time of day, seven days a week, in any kind of weather, and very often under stressful and emotional circumstances makes our contribution to our profession very personally rewarding. This is especially true in our small community where we know everyone.

Two basic purposes of the fire service are first to prevent fire or emergencies from occurring. This is done through fire prevention inspections, fire safety education, and code enforcement programs. Secondly, we are here to prepare ourselves to control fires or emergencies should prevention not prevail. This is done through education, training, pre-incident planning, more training, and more training, state of the art equipment and even more training. We will train not until we can get it right, but until we can never get it wrong.

This type of work is not for everyone. You will need more than just a desire to help people. You also need courage, dedication, assertiveness and a willingness to learn new skills and face new challenges. The Fire Department is not for the meek or timid or for those who lose control of their emotions during a crisis. Our service is one which calls on its member to perform hot, sweaty, dirty, strenuous work, often in uncertain hazardous environments. There is also exposure to very traumatic circumstance where a fragile balance of life has been determined by circumstances that have inflicted great harm upon a person. In our occupation we often see the worst of what life can deal to a person.

The personal rewards and satisfaction received from being involved in a Fire Department are often beyond description. There is a sense of accomplishment after controlling a building fire, a compassion for accident victims and fulfillment in teaching fire safety.

The bottom line in our business is measured by the prevention and reduction of loss of life, pain and suffering, and property damage that we have in our service. We are here to prepare for one reason and that is to provide service to residents of our communities.

If you feel you have what it takes to fill these boots and meet the challenges of our business, we welcome you to apply to join our team.

PRIMARY OBJECTIVES OF THE FIRE DEPARTMENT

In order to achieve the goals of the Fire Department the following objectives have been established:

1. Provide an administrative process consistent with the needs of the department.
2. Ensure that the firefighting equipment and the operating personnel are available to provide adequate response to a citizen's call within a reasonable length of time.
3. Provide department training to an acceptable standard which will ensure the continuous upgrading of all personnel in the latest techniques of fire prevention, firefighting and control of emergencies and to co-operate with other municipal fire departments with respect to management training and other programs.
4. Provide a maintenance program to ensure all fire protection apparatus, including all equipment, is ready to respond to emergency calls.
5. Provide an effective fire prevention program.
6. Ensure in the event of a major catastrophe in the municipality, assistance to cope with the situation is available from outside departments and other agencies.
7. Develop and maintain a good working relationship with all federal, provincial and municipal departments, utilities and agencies, related to the protection of life and property.
8. Must be able to Interact and co-operate with other departments of the corporation respecting the aspects of fire or any given program.

Training and Participation

Over the years, the fire service has evolved into a public safety agency providing highly technical and diverse services. The general public has come to rely on the Fire Department as the "First Responder" not only when life and property are threatened by manmade and natural disasters, but for seemingly smaller problems as well.

To ensure that all members of the Fire Department are prepared to deliver the best level of services required, training standards have been developed to provide each member with the needed skills, knowledge, and abilities necessary to deliver fire and emergency services to the citizens of the municipality.

TRAINING REQUIREMENTS – VOLUNTEER ORIENTATION

- A) All volunteers entering the system must participate in the training program taught by departmental instructors regardless of whether the individual has prior training or experience. This training requirement will include the complete NFPA 1001 Firefighter Training. You are encouraged to complete this when offered as soon as possible and convenient.
- B) Volunteers who are successful in the recruitment process will be on a 6 month probationary period. Until they have 20 hours of **training** time accrued with the department, they will not be allowed to respond to calls **UNLESS SPECIFIC REQUEST AND APPROVAL FROM INCIDENT COMMAND**. After the 20 hour period they will be allowed to respond to emergency calls and after 50 hours or 6 months time accrued, these volunteers will be voted on for full member acceptance. They will not be allowed to enter into a burning structure until the appropriate level of training is completed and competency demonstrated.
- C) Once the training levels have been achieved, each member is required to complete a performance- based equivalency examination to demonstrate the skills required to perform the job safely and effectively.
- D) Fire fighter will not be issued a Pager until the 6-month probation period has been completed. Firefighters will have access to Event calls through I AM RESPONDING app. Firefighter can respond to the fire hall with this App notification.

JOB SPECIFICATION – VOLUNTEER FIREFIGHTER

General statement of duties:

- Must be capable to respond to an emergency to perform firefighting duties and other related work as required in the saving of life and property.
- Will be covered by Workplace Safety and Insurance Board coverage to maximum allowable.
- Covered by ON-Duty Accidental Death Insurance Policy
- Must have current Hepatitis “B” vaccination
- Must maintain a reasonable level of health and fitness to be active on the Fire Grounds. This will entail a fitness test later described on this application.
- A pager and all PPE will be supplied by the Fire Department.
- Must be committed to continuous training in Fire Suppression, prevention and emergency procedures and with a willingness for proactive change.
- **DUE TO REASONS OF SAFETY, FACIAL HAIR THAT MAY AFFECT THE INTEGRITY OF THE FACEPIECE SEAL OF SELF-CONTAINED BREATHING APPARATUS, (IE: Beards, sideburns) IS NOT PERMITTED**

- Firefighters tasks include routine duties in the maintenance of firefighting equipment and property, carrying out of specific orders and directions as received from a superior officer in the normal course of maintenance duties, training and firefighting.
- A firefighter must respond promptly, safely and efficiently to alarms, abide by ALL TRAFFIC SAFETY LAWS, obey the orders of the officer in charge, share in the work that is required at emergency scenes around the fire station and when otherwise on duty.
- **A firefighter must refrain from using offensive statements or language at the emergency scenes, in and around the firehall and when on duty in public.**
- A firefighter will be loyal to their fellow firefighters, officers and the fire department, and at all times conduct themselves in a professional, compassionate and sensitive manner, remembering that he/she in the eyes of the **public at all times**, on duty or on the street.
- Firefighters will respond to emergencies as requested
- Firefighters shall carry out specific orders and directions as received from a superior officer in the normal course of the firefighting operations.
- Must be proficient in English
- Members are encouraged to **SPEAK-UP** if they feel something is **UNSAFE** or a **Concern**

Examples of Work

- Must ensure safe operation of all department equipment
- As assigned must perform various maintenance and cleaning tasks on apparatus and equipment
- As assigned must conduct firefighting /rescue activities at emergency scenes.
- Must attend assigned training sessions to ensure accuracy in firefighting and rescue methods.
- Must have the knowledge and understanding of the rules and regulations (SOPs) governing the fire department volunteer activities of the department.
- Must have a comprehensive knowledge of the operation of all equipment and methods used in combating, extinguishing and preventing fires and rescue activities.
- Must have the agility and strength to do prolonged and hard work under adverse conditions.
- Must possess the ability to react quickly and remain calm under duress and strain.
- Must be a holder of a valid driver's licence with clean abstract and be capable of responding to an emergency.

We want to acknowledge the effort every applicant puts into the pursuit of becoming a firefighter and the desire each possess to assist in the protection of the community.

Thank You for Considering Joining The Fire Department

HPFD Application Checklist

Before handing this application in for review, please ensure the following checklist has been completed. Failure to include any of the following could impede your application process.

1. Application
2. RCMP Criminal Record Check (original current to within 90 days) and must be included with the application.
3. Photocopies of:
 - Valid Alberta Operators License (class 5 or better);
 - Standard First Aid & CPR Certificate (or better);
 - *Fire training certification;
 - Other certification applicable to the fire service.
 - Void Copy of Bank Cheque or BANK STATEMENT

NAME: _____ / _____
Surname Given Names

Spouse / Significant Other NAME: _____

Children's Names: _____ Age _____ Age _____
_____ Age _____ Age _____

TELEPHONE: (h) () - . TELEPHONE: (w) () - .

TELEPHONE: (c) () - .

It is mandatory to have a G-Mail account. If you have one, please list is below. If not, one must be created and enter below.

G MAIL ACCOUNT: _____

PHYSICAL HOME ADDRESS: _____

MAILING ADDRESS: P.O. Box: _____

POSTAL CODE : _____

CITIZENSHIP: yes / no

ARE YOU 18 YEARS OF AGE OR OLDER: YES / NO

Do you possess a valid Alberta Drivers License? YES / NO

CLASS LICENSE: _____ CONDITIONS: _____

ENDORSEMENTS: _____

DO YOU OWN YOUR OWN VEHICLE FOR TRANSPORTATION?
(circle) YES / NO

ALBERTA HEALTH CARE NUMBER: _____

DO YOU HAVE A CRIMINAL RECORD? YES / NO

IF SO, PLEASE ELABORATE:

FOR OFFICE USE ONLY

THIS APPLICATION HAS BEEN ACCEPTED DENIED

PROBATION DATE COMMENCING: _____

PROBATION PERIOD REVIEW DATE: _____

Mentor Assignment: _____

Reviewing Officer: _____ Signature : _____

Reviewing Officer : _____ Signature: _____

DATE MEMBERSHIP TERMINATED: _____

REASON:

Reviewing Officer: _____ Signature : _____

Reviewing Officer : _____ Signature: _____

How long have you resided in the Town of High Prairie? _____.

Do you have any phobias (*heights, enclosed spaces, blood, etc.*)?

(Circle) YES / NO

If yes, please explain:

Describe any previous volunteer experiences: (*ie; scouts/guides, cadets, local clubs or organizations*)

Describe any skills you possess applicable to the Fire Service:

Describe your main hobbies and interests outside of work:

EDUCATION

Last Secondary School grade completed (*or equivalency*): _____.

Post Secondary, Vocational or Trades training: (*circle*) YES / NO. Date: _____

Subject, Degree or Qualification: _____

Are you currently certified in Standard First Aid/CPR Level C? (*circle*) YES / NO

If yes, when does your certification expire? _____.

Any additional qualifications / courses:

Do you have any previous Firefighting experience? (*circle*) YES / NO

If yes, please provide location(s) and date(s):

Employer Information

Are you presently employed? YES / NO

Place of Employment _____ Position: _____

Supervisor Name: _____ Phone Number: _____

Will your employer allow you to respond to emergency calls during hours of work?

Always Usually Rarely Never

Are you normally available to respond to daytime emergencies (between the hours of 07:00h and 18:00h)?

Always Usually Rarely Never

As a volunteer Fire Department, it is critical that Fire Fighters be allowed to leave their work for major emergency calls. If possible, your support in allowing your Employee to attend major emergency incidents during working hours would be appreciated. The High Prairie Fire Department recognizes the job requirements of Employees and knows that our Volunteers are a credit to our community and the organizations they represent. There may be times when they are called out prior to working hours yet the event extends into working hours. If you have any concern, please call Fire Chief at 780 523 7733

Authorized Supervisor Signature: _____ Date: _____

List three references other than relative or friends and their contact info.

- 1) _____ Phone # _____
- 2) _____ Phone # _____
- 3) _____ Phone # _____

If you are successful in the application process, you will be required to attend Fire Department practices and general meetings, held every FIRST, SECOND and THIRD Monday of each month from approximately, 18:45h to 22:30h.

In order to keep you safe and make you a capable member of the Fire Department, you will also be encouraged to complete various courses offered. Training is a lifelong process. If you don't commit to courses, then this will hold your advancement back significantly.

Can you meet these requirements?

YES / NO

In conclusion, why do you think you would be an asset to the High Prairie Fire Department?

The information provided on this document is collected under the authority of the Municipal Act. The information you have provided will be used for the purpose of an operating program of the municipality. Should you have any questions regarding the collection and use of this information, please contact the Town of High Prairie Information and Privacy Coordinator at the Town Office at (780) 523-3388.

Declaration

I, the undersigned, apply to enroll as a volunteer firefighter of the Town of High Prairie Fire Department, and if accepted undertake to perform such duties as may be assigned to me by the Fire Chief or their delegated representative in the authority of the Town of High Prairie.

I verify that all information collected in this application is true and accurate. I understand that any misrepresentation made by me in connection with this application will be sufficient cause for cancellation of the application, and if I have been employed, for termination from this corporation. I authorize the chief to make such inquiries respecting the forgoing information as may be deemed necessary.

I hereby give expressed permission to the Town of High Prairie Fire Department to conduct verification of the information provided by myself, as required.

Signature of Applicant: _____

Date: _____


HPFD PAR-Q






The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS




Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it <i>does not limit your current ability</i> to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

 **If you answered NO to all of the questions above, you are cleared for physical activity. Go to Page 4 to sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.**

-  Start becoming much more physically active – start slowly and build up gradually.
-  Follow International Physical Activity Guidelines for your age (www.who.int/dietphysicalactivity/en/).
-  You may take part in a health and fitness appraisal.
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
-  If you have any further questions, contact a qualified exercise professional.

 **If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.**

 **Delay becoming more active if:**

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

HPFD PAR-Q

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c

If **NO** go to question 2

1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES NO

1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES NO

2. Do you have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b

If **NO** go to question 3

2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and neck? YES NO

2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES NO

3. Do you have a Heart or Cardiovascular Condition? *This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm*

If the above condition(s) is/are present, answer questions 3a-3d

If **NO** go to question 4

3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES NO

3c. Do you have chronic heart failure? YES NO

3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES NO

4. Do you have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

If **NO** go to question 5

4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES NO

5. Do you have any Metabolic Conditions? *This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes*

If the above condition(s) is/are present, answer questions 5a-5e

If **NO** go to question 6

5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES NO

5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES NO

5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES NO

5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES NO

5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES NO

HPFD PAR-Q

6. **Do you have any Mental Health Problems or Learning Difficulties?** *This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome*

If the above condition(s) is/are present, answer questions 6a-6b

If **NO** go to question 7

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

6b. Do you **ALSO** have back problems affecting nerves or muscles? YES NO

7. **Do you have a Respiratory Disease?** *This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure*

If the above condition(s) is/are present, answer questions 7a-7d

If **NO** go to question 8

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES NO

7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES NO

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES NO

8. **Do you have a Spinal Cord Injury?** *This includes Tetraplegia and Paraplegia*

If the above condition(s) is/are present, answer questions 8a-8c

If **NO** go to question 9

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES NO

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES NO

9. **Have you had a Stroke?** *This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event*

If the above condition(s) is/are present, answer questions 9a-9c

If **NO** go to question 10

9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

9b. Do you have any impairment in walking or mobility? YES NO

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES NO

10. **Do you have any other medical condition not listed above or do you have two or more medical conditions?**

If you have other medical conditions, answer questions 10a-10c

If **NO** read the Page 4 recommendations

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES NO

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES NO





10c. Do you currently live with two or more medical conditions? YES NO

PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

HPFD PAR-Q




 **If you answered NO to all of the follow-up questions about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:**

-  It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
-  You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
-  As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

 **If you answered YES to one or more of the follow-up questions about your medical condition:**

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

 **Delay becoming more active if:**

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and **NO** changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that a Trustee (such as my employer, community/fitness centre, health care provider, or other designate) may retain a copy of this form for their records. In these instances, the Trustee will be required to adhere to local, national, and international guidelines regarding the storage of personal health information ensuring that the Trustee maintains the privacy of the information and does not misuse or wrongfully disclose such information.

NAME _____

DATE _____

SIGNATURE _____

WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

HPFD PAR-Q

The candidate must complete the Physical Test listed below to be considered able to actively participate on a Fire Ground Operations. This test will be performed PRIOR to candidates acceptance and annually after thereafter.

Purpose: To evaluate a firefighter so that when paced in a position of high exertion, some degree of physical Fitness assessment will lessen the possibility of injury or illness to the firefighter.

Procedure:

1. COVER A DISTANCE OF 1 KM IN LESS THAN 8 MINUTES ON TREADMILL WITH 1 INCLINE
2. CLIMB STAIRS CONSISTING OF 20 STEPS, ROUND TRIP 8 TIMES IN LESS THAN 3 MINUTES
3. 20 PUSH-UP
4. LIFT A 20 LB WEIGHT ABOVE YOUR HEAD FROM CHEST AND BACK TO CHEST 10 TIMES
5. DRAG RESCUE RANDY USING A STRAP A DISTANCE OF 15 METERS
6. PICK UP A 65 MM HOSE WITH PROPER SAFE TECHNIQUE AND CARRY LENGTH OF WASH BAY 2 TIMES

THIS ENTIRE TEST MUST BE COMPLETED WITHIN A 1 HOUR TIME LIMIT.

You can take breaks between sets to recuperate breathing, pulse rate.

If you fail to complete the test in the allotted time or cannot complete a segment, then you will not be eligible to be on any active fire ground operations until such requirements are met

A more strenuous test will take place for Active Breathing Apparatus use if you will be eligible for interior operations using BREATHING APPARATUS.

TEST DATE : _____ TEST COMPLETION TIME : _____

TEST : PASSED INCOMPLETE

SUPERVISOR NAME: _____

SUPERVISOR SIGNATURE: _____

**TOWN OF HIGH PRAIRIE
PAYROLL BANKING INFORMATION**

PLEASE COMPLETE THE NEEDED INFORMATION BELOW SO YOU CAN RECEIVE YOUR HONORARIUM. IF IT IS NOT COMPLETED PROPERLY, YOU WILL NOT GET YOUR PAYMENT.

PLEASE PROVIDE A COPY OF CHEQUE OR BANK STATEMENT TO VERIFY ACCT NUMBERS

NAME ON ACCOUNT: _____

BANK NAME: _____

ADDRESS : _____

BRANCH TRANSIT NUMBER : _____

INSTITUTION NUMBER : _____

ACCOUNT NUMBER : _____

NEW MEMBER INFORMATION

EMPLOYEE ID NUMBER : _____

LEGAL NAME : _____

SIN NUMBER : _____ - _____ - _____

MAILING ADDRESS : _____

EMAIL ADDRESS : _____

PHONE NUMBER : _____

CELL NUMBER : _____

POSITION : FIREFIGHTER

DEPARTMENT : FIRE DEPARTMENT



2019 Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only – Country of permanent residence	Social insurance number
<p>1. Basic personal amount – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2019, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-residents" on page 2.</p>			12,069
<p>2. Canada caregiver amount for infirm children under age 18 – Either parent (but not both), may claim \$2,230 for each infirm child born in 2002 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for that same child who is under age 18.</p>			
<p>3. Age amount – If you will be 65 or older on December 31, 2019, and your net income for the year from all sources will be \$37,790 or less, enter \$7,494. If your net income for the year will be between \$37,790 and \$87,750 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2019 Personal Tax Credits Return, and fill in the appropriate section.</p>			
<p>4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.</p>			
<p>5. Tuition (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.</p>			
<p>6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$8,416.</p>			
<p>7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$12,069 (\$14,299 if he or she is infirm), enter the difference between this amount and his or her estimated net income for the year. If his or her net income for the year will be \$12,069 or more (\$14,299 or more if he or she is infirm), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,906 or less and he or she is infirm, go to line 9.</p>			
<p>8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than \$12,069 (\$14,299 if he or she is infirm and you cannot claim the Canada caregiver amount for children under age 18 for this dependant), enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$12,069 or more (\$14,299 or more if he or she is infirm), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,906 or less and he or she is infirm and is age 18 or older, go to line 9.</p>			
<p>9. Canada caregiver amount for eligible dependant or spouse or common-law partner – If, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$23,906 or less, get Form TD1-WS and fill in the appropriate section.</p>			
<p>10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9, or could have claimed an amount for if his or her net income were under \$14,299) whose net income for the year will be \$16,766 or less, enter \$7,140. If his or her net income for the year will be between \$16,766 and \$23,906 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.</p>			
<p>11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition amount, or disability amount on his or her income tax return, enter the unused amount.</p>			
<p>12. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her tuition amount on his or her income tax return, enter the unused amount.</p>			
<p>13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your tax deductions.</p>			

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2019, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check this box**, enter "0" on line 13 and do not fill in lines 2 to 12.

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents (Only fill in if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2019?

- Yes (Fill out the previous page.)
- No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**.

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$12,069, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$12,069), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2019, you may be able to claim the child amount on Form TD1SK, 2019 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2019, you can claim any of the following:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request correction of, their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

It is a serious offence to make a false return.

Date _____

YYYY/MM/DD

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only – Country of permanent residence	Social insurance number

<p>1. Basic personal amount – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2019, see "More than one employer or payer at the same time" on page 2.</p>	19,369
<p>2. Age amount – If you will be 65 or older on December 31, 2019, and your net income from all sources will be \$40,179 or less, enter \$5,397. If your net income for the year will be between \$40,179 and \$76,159 and you want to calculate a partial claim, get Form TD1AB-WS, Worksheet for the 2019 Alberta Personal Tax Credits Return, and fill in the appropriate section.</p>	
<p>3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,491, or your estimated annual pension income, whichever is less.</p>	
<p>4. Tuition and education amounts (full time and part time) – If you are a student enrolled at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$753 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$226 for each month that you will be enrolled part time.</p>	
<p>5. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$14,940.</p>	
<p>6. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$19,369, enter the difference between \$19,369 and his or her estimated net income. If his or her net income for the year will be \$19,369 or more, you cannot claim this amount.</p>	
<p>7. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than \$19,369, enter the difference between \$19,369 and his or her estimated net income. If his or her net income for the year will be \$19,369 or more, you cannot claim this amount.</p>	
<p>8. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$17,826 or less, and who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • parent or grandparent (aged 65 or older) • relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$11,212 <p>If the dependant's net income for the year will be between \$17,826 and \$29,038 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.</p>	
<p>9. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$7,407 or less, enter \$11,212. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$7,407 and \$18,619 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.</p>	
<p>10. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.</p>	
<p>11. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her tuition and education amounts on his or her income tax return, enter the unused amount.</p>	
<p>12. TOTAL CLAIM AMOUNT – Add lines 1 to 11. Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.</p>	

Filling out Form TD1AB

Fill out this form **only** if you are an employee working in Alberta or a pensioner residing in Alberta and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1AB, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1AB for 2019, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1AB, **check this box**, enter "0" on line 12 and do not fill in lines 2 to 11.

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 12. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request correction of, their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.

**Town of High Prairie
Oath of Confidentiality**

I, _____, undertake and agree that I shall not disclose to anyone or use at any time, either during and /or after my term of employment with the Town of High Prairie, any confidential information to which I may have access.

All information which comes to me during any of my activities connected with my position as Firefighter shall be kept confidential at all times and not disclosed by me to any person(s) for any reason whatsoever.

I understand that the failure to adhere to the above could result in my dismissal as an employee of the Town of High Prairie and leave me subject to legal procedures.

Signed and witnessed this _____ day of _____, 20____

Witness; _____ Employee: _____

VFIS

Beneficiary Designation For Accident & Sickness Policy

Complete this block each time this form is used – Please Print

See back for important **“beneficiary designation information”** and **instructions**

**SECTION A:
(Please Print)**

Name of Organization _____

Insured Members Name: _____

Address: _____

City/Town: _____

Postal Code: _____

Telephone Number: _____

Date of Birth: _____

Complete, sign and date below if you wish to name or change your beneficiary

SECTION B:

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said Policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary Beneficiary: (You can have more than two people):

Name: _____ Relationship: _____ Date of Birth: _____ Share: _____%

Name: _____ Relationship: _____ Date of Birth: _____ Share: _____%

Contingent Beneficiary:

Name: _____ Relationship: _____ Date of Birth: _____ Share: _____%

Name: _____ Relationship: _____ Date of Birth: _____ Share: _____%

If none of the above-named beneficiaries are living at the time of my death, I direct that payments be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

(This form should be retained in the files of your organization)

Important Beneficiary Information

A. Your policy of coverage contains the following provisions for "Payment of Claim to Beneficiaries".

"Payment of Claims: Any loss of life benefit will be paid in accordance with the beneficiary designation on record with us or the **Policyholder**. If no beneficiary is named, loss of life benefits will be paid to the first surviving class of the following classes: the **Insured Person's** (1) spouse; (2) child(ren); (3) parents; or (4) brothers or sisters. Otherwise, we will pay the benefits to the **Insured Person's** estate.

B. Important Warning: RE: Designating Minor Age Child(ren) as Beneficiaries

Children who are of minor age should **NEVER** be named directly as the beneficiary of insurance proceeds. **REASON:** Children are not legally entitled to give the insuring company "Good Discharge" for the contract proceeds. Therefore if you wish to name insurance proceeds to a minor child, you must leave the monies in-trust for the child. You may do this in one of three ways;

- 1) Leave the monies to a person in-trust for the child or children. Example, "Jane Doe in trust for Emily Deer and Jason Deer". However we suggest you also provide to the trustee, a "letter of direction. This letter should provide the trustee with directions on how this money should be used to benefit the child(ren) while they are minors and at what age and how the proceeds are to be distributed to the child(ren).
- 2) Leave the monies to your estate but provide within your will for the set up of a trust, specify the policy and what amount of the proceeds you wish to give to the trust for the children.
- 3) Set up a trust outside your will and name the trust as beneficiary of the insurance proceeds.

We strongly suggest that in all cases you seek advice from your professional advisor on this matter.

C. **Primary Beneficiary:** This is the person(s) who at your death you want to receive some or all of the insurance proceeds. The amount of proceeds you wish to assign to each named beneficiary is expressed as a percentage of the total death benefit payable.

Example: If the sum is \$100,000 and you want to give two (2) people \$50,000 each then show;

NAME	50%
NAME	50%

D. **Contingent Beneficiary:** This provision names alternative person(s) to receive the insurance proceeds if one or more of the primary beneficiaries have pre-deceased you. The contingent beneficiaries share what proceeds which still remain after the primary beneficiaries have been satisfied according to your designation. This commonly comes into effect when a spouse is named as a primary beneficiary but who dies at the same time as the insured.

NOTE: If no Contingent beneficiary is named and all primary beneficiaries are deceased then the proceeds will be paid as per the contract provision. If you do not want this to occur, name your "Estate" as a Contingent Beneficiary and the proceeds will be distributed under your will.

Instructions

1. Complete all items in Section A. Your "Date of Birth" is our method of identification between persons with the same or similar name.
2. Complete the items you deem important in Section B
3. Please sign and date this designation

NOTE THE FOLLOWING:

- a) **The Insured Organization must have the original signed document. Photocopies or faxed copies are not acceptable**
- b) **The most currently dated document on file will apply.**
- c) **If no designation is on file then the contract provision identified above under item "A" will apply.**