

STATION \_\_\_\_\_

# DOUGLAS/OKANOGAN COUNTY FIRE PROTECTION DISTRICT #15

## VOLUNTEER APPLICATION

PLEASE PRINT

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
MAILING PHYSICAL

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: home \_(\_\_\_\_\_)\_\_\_\_\_ work \_(\_\_\_\_\_)\_\_\_\_\_ cell \_(\_\_\_\_\_)\_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

Are you 18 years of age or older? Yes No

Are you currently employed? Yes No

Who is your employer? \_\_\_\_\_ Phone \_\_\_\_\_

May we contact your employer? Yes No

Are you eligible for employment in the United States? Yes No

*(Proof of Citizenship or Immigration Status will be required upon employment)*

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations in the last seven (7) years? (Conviction will not necessarily disqualify an applicant from volunteering).

Yes No If Yes, please explain \_\_\_\_\_

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### EDUCATION

Do you possess a High School Diploma or G.E.D. ? Yes No

High School Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

College/Trade School Attended \_\_\_\_\_ Years Attended \_\_\_\_\_

Major/Area of Study \_\_\_\_\_ Year Graduated \_\_\_\_\_

**Fire Service Experience** \_\_\_\_\_

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Do you possess a current first-aid card or higher Yes No

Other pertinent Training and/or Skills \_\_\_\_\_

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Are you now or have you been treated for a medical condition that may limit your ability to perform the duties required of you? Yes No

If Yes, explain \_\_\_\_\_

Are you willing to take a physical examination as required by the District? \_\_\_\_\_. Do you realize that belonging to this fire district is a privilege and that as a member you will be required to give freely of your time to attend fires, meetings and drills and work on committees and community related activities? \_\_\_\_\_.

Please provide three character references, other than family members, and who do not reside with you.

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

I \_\_\_\_\_ authorize the disclosure of past employment information regarding my character, ability to learn, reliability, dependability, and honesty. I release both the prospective and previous employers from all claims and liabilities arising from the release of such information. In addition, I authorize Douglas-Okanogan County Fire District #15 to conduct a criminal background check, obtain a driving abstract and I agree to be drug tested at Douglas-Okanogan County Fire District #15's discretion. I agree to function within Douglas-Okanogan County Fire District #15's policies and procedures and Washington State law.

I hereby submit this application and also certify that I have never been expelled from or suspended by any fire department. I also understand there is a six (6) month probation period if I am accepted for membership with Douglas-Okanogan County Fire District #15.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**EMPLOYER**

I signify that this application is made with my knowledge and consent.

Date \_\_\_\_\_ Employer's Signature \_\_\_\_\_

**RELATIVE**

I realize that if this applicant is accepted for membership with Douglas-Okanogan County Fire District #15, he/she will be giving part of his/her time to public service, which is the duty of every citizen. I consent to this application.

Date \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_

**APPOINTMENT BY MEMBERSHIP COMMITTEE**

**ACCEPTED**

We, the undersigned, having investigated the character of the Applicant, feel he/she would be an asset to the fire district and recommend him/her for membership.

*Copy of Driver's License on file.*                      YES                      NO

**DECLINED**

We, the undersigned, , having investigated the character of the Applicant, feel he/she has not met the required qualifications to become a member of this fire district, therefore we decline his/her application.

Date \_\_\_\_\_

Chairperson: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

