



**DOUGLAS-OKANOGAN COUNTY FIRE DIST. #15**

**VOLUNTEER APPLICATION**

**EMS**

**PLEASE PRINT**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**PHYSICAL ADDRESS** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER(S)** \_\_\_\_\_

**SSN** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DRIVERS LICENSE** \_\_\_\_\_

**ARE YOU 18 YEARS OF AGE OR OLDER? YES**  **NO**

**EMERGENCY CONTACT: NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ARE YOU CURRENTLY EMPLOYED? YES**  **NO**

**WHO IS YOUR EMPLOYER?** \_\_\_\_\_

**MAY WE CONTACT YOUR EMPLOYER? YES**  **NO**

**EMPLOYER PHONE NUMBER:** \_\_\_\_\_

**ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES**  **NO**

(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT).

**HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEAMEANOR OTHER THAN MINOR TRAFFIC VIOLATIONS IN THE LAST 7 YEARS?**

(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT). **YES**  **NO**

**IF YES, PLEASE EXPLAIN:**

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

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**EDUCATION**

**DO YOU POSSESS A HIGH SCHOOL DIPLOMA OR GED? YES  NO**

**HIGH SCHOOL: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_**

**COLLEGE/TRADE SCHOOL: \_\_\_\_\_ GRADUATE? YES  NO**

**MAJOR/AREA OF STUDY: \_\_\_\_\_**

**OTHER PERTINENT TRAINING AND/OR SKILLS:**

**CURRENT HEALTH CARE PROVIDER CPR CARD? YES  NO**

**ARE ALL OF YOUR IMMUNIZATIONS CURRENT? YES  NO**

**ARE YOU CURRENTLY, OR HAVE YOU IN THE PAST, BEEN TREATED FOR A MEDICAL CONDITION THAT MAY LIMIT YOUR ABILITY TO PERFORM THE DUTIES THAT ARE REQUIRED OF YOU? YES  NO**

**IF YES, PLEASE EXPLAIN:**

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**PLEASE PROVIDE FOUR REFERENCES, OTHER THAN FAMILY MEMBERS, AND WHO DO NOT RESIDE WITH YOU.**

**NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_**

**NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_**

**NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_**

**NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_**

**WAIVER AND HOLD HARMLESS AGREEMENT FOR REFERENCE AND BACKGROUND CHECK:**

**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 LIABILITES 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 A PHYSICAL EXAMINATION AND AGREE TO BE DRUG TESTED AT THE EXPENSE OF DOUGLAS-OKANOGAN COUNTY FIRE DISTRICT #15'S DISCRETION. I AGREE TO FUNCTION WITHIN DOUGLAS-OKANOGAN COUNTY FIRE DISTRICT #15'S POLICIES, PROTOCOLS, AND WASHINGTON STATE LAW.**

**THIS MUST BE SIGNED AS A CONDITION OF ACTIVE ASSOCIATION WITH DOUGLAS OKANOGAN COUNTY FIRE DISTRICT #15.**

**APPLICANTS SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_**