



Lewis County Fire District 5

115 E. Washington St. • P.O. Box 259

Napavine, WA 98565-0259

360-262-3320 • Fax 360-262-3893

Volunteer Application

Please print legibly

Name: _____
Last First Middle Initial

Mailing Address: _____
Street

City State Zip

Phone Number: _____
Home Mobile

Email Address: _____

Are you 18 years old or older? Yes No

Lewis County Fire District 5 is an equal opportunity employer and shall not discriminate against an employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, or physical disability unless based upon a bona fide occupational qualification. If you believe that you have been discriminated against, you should notify the district's fire chief and/or commissioner board immediately.

EDUCATION

High School:		City, State:	
Years Completed:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College:		City, State:	
Years Completed:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	
Technical School:		City, State:	
Years Completed:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	
Other Training:		City, State:	
Years Completed:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certification:	

EMPLOYMENT EXPERIENCE

Beginning with the most recent employer, list all your work experience for the past 10 years.
Please document all times of self-employment, volunteer, and U.S. Military service.

Employers Name:		From:	To:
Address:		Supervisor:	
City:	State:	Phone Number:	
Position:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Responsibilities:			
Reason for leaving:			
Employers Name:		From:	To:
Address:		Supervisor:	
City:	State:	Phone Number:	
Position:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Responsibilities:			
Reason for leaving:			
Employers Name:		From:	To:
Address:		Supervisor:	
City:	State:	Phone Number:	
Position:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Responsibilities:			
Reason for leaving:			
Employers Name:		From:	To:
Address:		Supervisor:	
City:	State:	Phone Number:	
Position:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Responsibilities:			
Reason for leaving:			
Employers Name:		From:	To:
Address:		Supervisor:	
City:	State:	Phone Number:	
Position:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Responsibilities:			
Reason for leaving:			

Credential Information

Please include copies of all applicable certifications, licenses, and material relevant for the desired position.

Certification	Credential Number (If Applicable)	Expiration Date	Certifying Agency
EMT/Paramedic			
National Registry			
BLS/CPR			
ACLS (If Applicable)			
PALS (If Applicable)			

Firefighter Level: IFSAC FF1 IFSAC FF2 Other: _____
 Haz Mat Level: Awareness Operations Technician Other: _____
 Wildland Level (NWCG): FF Type 1 FF Type 2 Engine/Crew Boss Other: _____

Do you possess a valid driver's license? Yes No Endorsements: _____

Describe any EMS/Fire-Service Training not listed:

Describe any experience or information that may be helpful in considering your application:

REFERENCES

1. _____
 Name _____ Phone number _____

_____ Address _____ City _____ State _____ Zip _____

_____ E-Mail Address _____ Relationship _____

2. _____
 Name _____ Phone number _____

_____ Address _____ City _____ State _____ Zip _____

_____ E-Mail Address _____ Relationship _____

3. _____
 Name _____ Phone number _____

_____ Address _____ City _____ State _____ Zip _____

_____ E-Mail Address _____ Relationship _____

4. _____
 Name _____ Phone number _____

_____ Address _____ City _____ State _____ Zip _____

_____ E-Mail Address _____ Relationship _____

WAIVER FOR REFERENCES AND BACKGROUND CHECK

I, _____ hereby grant permission for Lewis County Fire District 5 (LCFD 5), to contact any of my prior employers to inquire about all aspects of my prior employment. I understand and agree that LCFD 5 may ask for, and receive information regarding my performance, duties, compensation, and any other matter in any way related to my prior employment. I hereby waive any right I may have, now, or in the future, to bring a claim against LCFD 5, its past, or present agents, employees, officials, representatives, or attorneys, in their individual or official capacities, for any information they may provide to LCFD 5. I acknowledge that this permission and waiver are freely and voluntarily given to LCFD 5.

Initials _____

I hereby authorize LCFD 5 to conduct a criminal background check. I waive all rights to see or review the information that is obtained during the criminal background check. I release LCFD 5 and informants from all liability from obtaining such inquiries.

Initials _____

I certify that all the information contained in this application is true, complete, and correct. I understand that any omission or false information given may be considered as sufficient reason for denial of volunteer membership or termination of membership if I become a volunteer.

Initials _____

With my signature, I certify that I am not now, or never have been excluded from participating from any state or federal health care program. I understand that if it determined that I was excluded, my position at LCFD 5 may be excluded.

Applicant's signature

Date



CRIMINAL JUSTICE BACKGROUND REQUEST

Lewis County Fire District 5
115 E. Washington St. • P.O. Box 259
Napavine, WA 98565-0259
360-262-3320 • Fax 360-262-3893

**CRIMINAL JUSTICE RECORDS REQUEST
RELEASE OF INFORMATION**

Date: _____

Name: _____
Last First Middle Initial

Aliases: _____

Mailing Address: _____
Street

City State Zip

Date of Birth: _____

Sex: Male Female

I understand that the Criminal History Information provided by Washington State Patrol and released to Lewis County Fire District 5's custody will not be released to any unauthorized persons pursuant to RCW 10.97 Washington State Criminal Records Privacy Act.

Applicant's Name (Print)

Applicant's signature Date