

APPLICATION FOR VOLUNTEER MEMBERSHIP

*Please Type or Print Clearly

Name			
Last Name	First Name	Middle Initial	
Personal Information			
Current Address:	City:_	State:	
Mailing Address (if different	then above):		
City: State:	Phone Number:		
Secondary Phone Number: _	Email ad	dress:	
Date of Birth:	Driver's License Numb	er:	<u></u>
Eligible to Work in the Unite	d States? Yes No _		
Have you been convicted of a	felony? Yes No _		
If you answered "Yes," what	where you convicted of?		Explain:
Marital Status: Married Spouses Name:	•	-	
Name & Ages of Children: _			
Emergency Contact of Accid	ent or Death:		
Address:	P	hone Number:	
Relationship:			

<u>Military History</u>	
Have you served in the military? Yes No _	
(Complete the following only if you answered "Yes"	' previously)
Are you currently active in the military? Yes	
Military Service Branch:	Date:
Type of Discharge	
Educational Information	
Formal Education 1 2 3 4 5 6 7 8 9 10 11 12 13 14	15 16
High School Attended	Year Graduated
College/Technical College	Year Graduated
Emphasis	
Degree Completed	
College/Technical College	Year Graduated
Emphasis	
Degree Completed	
Previous Fire or Medical Experience	
Do you have previous firefighting experience? Yes	S No
Do you have previous medical experience? Yes	No
(Complete the following only if you answered "Yes"	' to either previous question,
Danartment/Aganove	Position Held:
Department/Agency:	
Address:	
	Dates:
Address:	Dates: Position Held:

Employment History Your Current Occupation: Job Description: _____ Employer: ______ Phone Number: _____ Address: ____ List all other previous work history previously to your current occupation. List them in chronological order of newest to oldest. Employers Name: Address: ____ Phone Number: _____ Immediate Supervisor: _____ Date Hired: _____ Departure Date: ____ Reason for Leaving: Employers Name: _____ Address: ____ Phone Number: _____ Immediate Supervisor: _____ Date Hired: _____ Departure Date: ____ Reason for Leaving: **Employment History (Continued)** Employers Name: Address: Phone Number: _____ Immediate Supervisor: _____ Date Hired: Departure Date: Reason for Leaving: Employers Name: _____ Address: Phone Number: _____ Immediate Supervisor: _____ Date Hired: _____ Departure Date: ____ Reason for Leaving: Can we contact your previous and current employers? Yes _____ No _____

If you answered "No," which employers can we contact?

Personal References

List 3 personal references that are not related to you:

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
I am giving full permission to possible volunteer members	-	ict #5 to contact my personal references about my
DATE: /		
		Signature
I hereby certify that all state any misstatements may subj	_	ete as far as I can determine. I understand that or dismissal.
DATE: / /		
·		Signature



WAIVER FOR REFERENCES & BACKGROUND CHECK

I,	hereby grant permission for Lewis
County Fire District #5, to contact an	• • • • • • • • • • • • • • • • • • • •
inquire about any and all aspects of r	, ,
and agree that Lewis County Fire Dist	,
	ce, duties, compensation and any other
matter in any way related to my prior	. , , , , , , , , , , , , , , , , , , ,
right I may have, now, or in the futur County Fire District #5, its past, or p	
, , , , ,	individual or official capacities, for any
information they may provide to Lewi	•
acknowledge that this permission and	•
given to Lewis County Fire District	,
I also sign this document as a release	o for Lowis County Fire District #E to
I also sign this document as a release run a criminal background check as p	•
process to join Lewis County Fire Dist	• •
Social Sec. #	
DATE:/	
	Signature



CRIMINAL JUSTICE RECORDS REQUEST

P.O BOX 259 NAPAVINE, WA 98565-0259 PHONE: (360)262-3320 FAX: (360)262-3893

CRIMINAL JUSTICE RECORDS REQUEST RELEASE OF INFORMATION FORM

Date:				
Name				
Last Name	First	t Name	Middle Na	me
Aliases:				
Address:	Ci	ty:	State:	Zip:
Race:	Sex:	DOI	3:	
State Patrol and r	the Criminal Historeleased to Lewis Conauthorized person Privacy Act.	ounty Fire Di	istrict #5's cust	ody will not be
DATE://		Signatu		



VOLUNTEER LETTER OF COMMITMENT

Print Nam	e
As a member of Lewis County Fire District to my family, myself, the community, and of Fire District #5 to maintain my training, residepartment.	other members of Lewis County
The Standard Operating Guidelines require of attendance at training and a level of min the fire district. Also, I agree to support operation of the needs of the community and surrounding	imum responses to calls within erations of the department as
This commitment and goal of all personnel District #5 in a positive, safe, and profession provide Fire and EMS services to protect living further loss to the environment.	onal manner. Our mission is to
In signing this letter you accept the commicommunity and your fellow members, and the mission, values, and the policies of Lew	that you will continue to support
DATE:/	
	Signature



Essay

Please attach a 1-page (written or typed) essay about yourself. Include who you are, hobbies, family, work, education, etc. Include anything you feel we should know about you. This gives us a chance to learn a little bit about you before the interview.

Physical Test

There will be a physical test after the interview. The physical test will include:

- Push-ups
- Sit-ups
- Running
- Pulley hoist
- Equipment Carry
- Tire Drag

Please prepare accordingly for this Physical Test.

Ride Along

As part of the application process, an 8-hour ride along will be mandatory. Please fill out the following forms.

By signing I acknowledge that I have read and understood the above.

DATE:	//	
		Signature



Ride Along Request Form

Name:	Age: DOB:
(Note: Current driver's licens	se must be presented for verification of birth date)
Address:	
City:	State: Zip:
Contact Number:	
Emergency Contact Name:	
Emergency Contact Number:	
	A 11
	er Applicant ordinator will reach out by phone to schedule dat
Requested Dates: Volunteer Cod	
Requested Dates: Volunteer Coo	ordinator will reach out by phone to schedule dat
Requested Dates: Volunteer Cod	ordinator will reach out by phone to schedule dat
Requested Dates: Volunteer Coo For Office Use: Rider Name:	ordinator will reach out by phone to schedule dat
Requested Dates: Volunteer Coe For Office Use: Rider Name: Date Scheduled: Scheduled to Ride: Sta. 1 Confirmed with BC/MSO:	ordinator will reach out by phone to schedule dat
Requested Dates: Volunteer Coo For Office Use: Rider Name: Date Scheduled: Scheduled to Ride: Sta. 1	ordinator will reach out by phone to schedule dat
Requested Dates: Volunteer Coo For Office Use: Rider Name: Date Scheduled: Scheduled to Ride: Sta. 1 Confirmed with BC/MSO: Duty Crew:	ordinator will reach out by phone to schedule date



In consideration of Lewis County Fire District 5 granting me the opportunity to accompany and observe Lewis County Fire District 5 personnel, both in the firehouse and while riding in Lewis County Fire District 5 owned vehicles, and in order to take advantage of that opportunity, I acknowledge that the duties of the Fire Department are inherently dangerous, and that no duty is owned to me by Lewis County Fire District 5 or its agents while engaged in their official duties, and I understand that I assume all risks of such activity and agree to release and hold Lewis County Fire District 5, and its officials, officers, employees and agents harmless from any and all liability whatsoever for any and all injuries, damages, and claims I, my heirs, dependents and assigns may sustain as a result of me accompanying Lewis County Fire District 5 personnel. I also understand that I am not an employee or agent of the Lewis County Fire District 5, but only an observer, and I am completely responsible for my acts, and shall hold the Lewis County Fire District 5, its officials, officers, employees, and agents harmless from any and all liability whatsoever for any and all injuries, damages and claims resulting from my actions.

Ĭ	have read this waiver and fully understand its
contents and intend to be legally b	
DOB Address	
Signature	Date
The remainder of this form is to be coage.	ompleted by a parent or guardian of any observer under eighteen years of
	, the parent or legal guardian of the above named minor
have read this waiver of liability,	understand it, and hereby consent to the minor accompanying Lewis
County Fire District 5 personnel b	both in the firehouse and while riding in Lewis County Fire District 5
owned vehicles, and acknowledgi	ing the risks involved, and assuming those risks, I agree to release and
hold Lewis County Fire District 5	5, its officials, officers, employees and agents harmless from any and
all liability whatsoever for any an	d all injuries, damages and claims that may arise as a result of the
minor accompanying said personi	nel of the Lewis County Fire District 5.
Parent Signature	Date