



Date Joined: _____

Pend Oreille County Fire District #8

4941 Spring Valley Road

Newport, Washington 99156

Tel: (509) 447-5325

Email: commissioners@pocfire8.org

Email: chief@pocfire8.org

VOLUNTEER FIREFIGHTER INFO SHEET

Name _____
(Last) (First) (M.I.) Suffix

Address _____
(Physical Address) (State) (Zip Code)

(Mailing Address) (State) (Zip Code)

Telephone () _____ () _____ () _____
(Home) (Cell - optional) (Work - optional)

Social Security # _____ Date of Birth _____ / _____ / _____
MM DD YYYY

Driver's License # _____ (State) _____

Email Address _____ Public Private
(will not show on lists)

In case of emergency list two contacts:

1) _____ () _____
(First & Last Name) (Telephone #) (Relationship to You)

2) _____ () _____
(First & Last Name) (Telephone #) (Relationship to You)

Do you have any allergies or medical conditions that may cause a medical alert? Yes No

If yes, and you wish to disclose the information, please list the allergy or medical condition.

Assignment Preference:

- Firefighter
- EMT
- Administrative/Clerical Staff

Other: _____

Are you currently volunteering at any other fire service agency? Yes No

If yes, name of agency _____ Supervisor _____

Fire/Rescue Experience <input type="checkbox"/> None	Fire Department	City/County	Highest Rank	Assignment
EMS Training <input type="checkbox"/> None	First Responder	EMT	EMT-IV	Paramedic
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check the usual times when you would be available to respond to emergencies: **24 Hours**

Available Time	SUN	MON	TUE	WED	THU	FRI	SAT
6:00 AM to Noon							
Noon to 6:00 PM							
6:00 PM to Midnight							
Midnight to 6:00 AM							

Do you have a vehicle that you can drive to the station for training and emergencies?

Yes No N/A

Has your drivers license been suspended or revoked within the past five years? Yes No

Do you have any felony convictions or DUI violations? Yes No

Do we have your permission to run a background check? Yes No

Are you willing to submit to a drug test? Yes No

Qualified applicants receive consideration without discrimination based on marital status, race, color, creed, national origin, age, or the presence of a non-service related handicap.

PLEASE NOTE: In signing this application, an applicant agrees to the following conditions of acceptance as a volunteer:

- A. To be 16 years of age or older and submit proof of age, if required.
- B. To submit proof of credentials when providing certifications.
- C. To be in possession of a valid driver's license, if required.
- D. To receive no monetary compensation for his/her services.
- E. To complete mandatory training, site specific orientation, and other training as required.
- F. To conform to other District policies, regulations, and instructions.
- G. To not be on supervision with any correctional agency and to supply additional information if requested for FBI and National Criminal History Records Checks.

Please read carefully before you sign this application. False statements on this application will be sufficient cause for termination.

Applicant Signature

Date

Signature of Parent or Guardian if under 18

Date