



Volunteer Application

- Indicate position applied for:
- Volunteer Firefighter
 - Resident Volunteer Firefighter
 - Support Services
 - Volunteer EMS Provider
 - Other

Full Name (Last, First, Middle)	Social Security Number
Current Street Address of Residence	Current City, State, and Zip Code of Residence
Mailing Address <input type="checkbox"/> Check if current mailing address is same as above	Phone Number
Email Address	Drivers License Number, State Issued

List all addresses for the last 5 years. Use additional paper if needed.			
Dates (mo/yr to mo/yr)	Street Address	City	State, Zip Code
<input type="checkbox"/>			

GENERAL EDUCATION		
High School Name or GED Issuing Institution	City, State	Graduation Year
Check one that applies: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED		

Are you over 18 years of age? Yes No

COLLEGE EDUCATION					
Dates (mo/yr to mo/yr)	School Name	City, State	Major	Degree Type	Graduated

EMPLOYMENT HISTORY				
List all NON-FIRE/EMS related employers/volunteer related organizations for the last 5 years.				
Dates (mo/yr to mo/yr)	Employer		Mailing Address	
Supervisor Name	Supervisor Phone	Supervisor Email	City	State, Zip Code
Dates (mo/yr to mo/yr)	Employer		Mailing Address	
Supervisor Name	Supervisor Phone	Supervisor Email	City	State, Zip Code
Dates (mo/yr to mo/yr)	Employer		Mailing Address	
Supervisor Name	Supervisor Phone	Supervisor Email	City	State, Zip Code
Dates (mo/yr to mo/yr)	Employer		Mailing Address	
Supervisor Name	Supervisor Phone	Supervisor Email	City	State, Zip Code

FIRE & EMS RELATED EXPERIENCE			
List all previous volunteer or paid firefighting and/or EMS experience. Use additional paper if needed.			
Dates (mo/yr to mo/yr)	Mailing Address	City	State, Zip Code

FIRE & EMS CREDENTIALS		
List any and all completed and applicable FEMA, NIMS, NFPA, IFSAC, EMS (state or national) or other fire/EMS related certifications that you have received.		
Oregon DPSST Fire Cert:	National Registry EMT Cert:	Oregon EMS Cert:

REFERENCES			
Provide 3 references and include all information where indicated below. Do not list immediate family members.			
Name	Mailing Address	City	State, Zip Code
Phone	Email	Relationship	Years Known
Name	Mailing Address	City	State, Zip Code
Phone	Email	Relationship	Years Known
Name	Mailing Address	City	State, Zip Code
Phone	Email	Relationship	Years Known

In submitting this application, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from volunteer status.

In consideration of acceptance as a volunteer, I agree to become thoroughly familiar with the ordinances, rules, policies, and by-laws of the District, and to comply with such rules and regulations.

I certify that I have read all of this application and that the information I have provided is true and complete to the best of my knowledge.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Signature: _____

Date: _____

Background Investigation & Related Information

DRIVING RECORD			
List any and all driving citations and accidents (regardless of severity, fault, or degree of property damage) in the past 3 years. Use additional paper if needed. If none, mark "N/A".			
Date (day/mo/yr)	Violation/Infraction/ORS/Location of Accident	Law Enforcement Agency	Court Disposition

ARREST & CRIMINAL COURT RECORD			
List any and all incidents of major traffic crimes (DUII, etc.), criminal arrests, citations to appear in court in lieu of arrest (cite and release), and contacts with law enforcement for which you were named a "suspect". Use additional paper if needed. If none, mark "N/A".			
Date (day/mo/yr)	Arrest/Crime/ORS	Law Enforcement Agency	Court Disposition

PHYSICAL CAPACITY
<p>A general statement of physical requirements is present and/or available upon request for reference. Firefighters may lift, drag, or carry items up to and including a human being; work in protective clothing in temperatures in excess of ambient temperatures or below 32 degrees Fahrenheit; perform clerical work including prolonged sitting or standing, use of a computer/monitor; work under mental and/or physical stress for a period of two hours or more; drive apparatus including trucks, vans, and cars; climb ladders; work in unstable areas, confined spaces, and low visibility settings; wear self-contained breathing apparatus; crawl on hands and knees; perform medical duties within scope or training; and work in close proximity to others.</p> <p>List any physical conditions, defects, disabilities, or health concerns you have which you believe may limit your ability to perform the functions of the position described above.</p>

Affidavit

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand and accept that should an investigation disclose at any time now or in the future, untruthful or misleading answers, my application may be rejected, my name removed from consideration or my appointment terminated.

I acknowledge that my appointment is subject to my compliance with the rules, regulations, policies, standard operating procedures (SOPs) and training requirements of the Colton Rural Fire Protection District #70 (CRFPD #70). I understand that I may be terminated for violation of these requirements or any other such regulatory or statutory requirements.

I acknowledge, understand and agree that my appointment to any volunteer position within the CRFPD #70 is an 'at will' appointment which at any time may be rescinded without cause. I further understand and agree that any appointment or future promotional opportunity within the CRFPD #70 is contingent on my continued performance and adherence to required training and certification requirements.

I expressly waive all provision of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the CRFPD #70 any knowledge or information thereby acquired. Further, I agree to the performance of a medical examination by the CRFPD #70 medical advisor.

I also authorize the CRFPD #70 to receive information related to my past driving record, criminal arrest and/or conviction history, employment and/or volunteer work performance and agree to hold harmless any individual, agency or organization for furnishing such information which, in the view of the CRFPD #70 might reflect on my position or appointment for the position applied for.

I further acknowledge and agree that my date of birth is necessary to correctly identify and acquire those records, and I have provided it below for that purpose.

Date of Birth (month/day/year): _____

Applicant:

Witness:

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____