

SPOKANE COUNTY FIRE PROTECTION DISTRICT #11
VOLUNTEER EMPLOYMENT APPLICATION

NAME: _____
(Last) (First) (Middle Initial)

MAILING ADDRESS: _____

(City/Town) (State) (Zip) (Phone)

NEXT OF KIN: _____

PERSON TO NOTIFY IN CASE OF
EMERGENCY: _____
(Name) (Phone)

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____ - _____ - _____

CAN YOU OPERATE VEHICLES WITH STANDARD
TRANSMISSIONS? _____

DO YOU CURRENTLY HAVE A VALID WASHINGTON STATE DRIVERS
LICENSE? _____

DRIVERS LICENSE NUMBER _____

DO YOU HAVE A COMMERCIAL DRIVERS LICENSE
ENDORSEMENT? ___ YES ___ NO

DO YOU HAVE ANY FIREFIGHTING TRAINING AND/OR
EXPERIENCE? ___ YES ___ NO

IF YES, PLEASE
LIST _____

DO YOU HAVE ANY EMERGENCY MEDICAL TRAINING? ___ YES ___ NO
IF YES, PLEASE

LIST: _____

MEDICAL HISTORY

ARE YOU NOW IN GOOD HEALTH? _____

DO YOU HAVE OR PREVIOUSLY HAD ANY DISABILITIES WHEREBY YOUR FULL PHYSICAL CAPACITIES ARE LIMITED? ____ YES ____ NO IF SO, PLEASE EXPLAIN _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING DISEASES OR CONDITIONS?

- 1) HEART TROUBLE _____
- 2) KIDNEY OR URINARY TROUBLE _____
- 3) TUBERCULOSIS OR OTHER LUNG DISEASE _____
- 4) STOMACH ULCERS OR GASTRO INTESTINAL DISEASE _____
- 5) DIABETES _____
- 6) EPILEPSY _____
- 7) MENTAL DISEASE _____
- 8) NERVOUS SYSTEM TROUBLE _____
- 9) RHEUMATISM OR ARTHRITIS _____
- 10) BACK TROUBLE _____
- 11) ALLERGIES (SUCH AS ASTHMA, HAY FEVER ECZEMA) _____
- 12) VISION DEFECTS _____
- 13) HEARING DEFECTS _____
- 14) HERNIA _____
- 15) PILES _____

IF YOU HAVE ANY OF THE ABOVE, PLEASE EXPLAIN _____

WHAT SERIOUS ILLNESSES, ACCIDENTS, INJURIES OR OPERATIONS HAVE YOU HAD? _____

LIST ANY GOVERNMENT, INSURANCE COMPENSATIONS OR DISABILITY AWARDS YOU HAVE RECEIVED. WHAT FOR? _____

ARE YOU NOW RECEIVING ANY COMPENSATION OR PENSION AND FROM WHAT SOURCE? _____

I HEREBY CERTIFY TO THE TRUTH OF THE ABOVE ANSWERS, AND THAT I AM IN GOOD HEALTH, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Witness)

(Applicant)

DATE: _____

SPOKANE COUNTY FIRE DISTRICT #11 – STANDARD OPERATING PROCEDURES

VOLUNTEER FIREFIGHTERS AGREEMENT FORM

I _____, agree to the following terms and conditions:

1. I agree to act as a volunteer only, and to act and perform without expectation or compensation for my services.
2. I agree to serve as a probationary member for a period of one (1) year. During that period, the Commissioners and the Chiefs will review my performance. If my performance has been unsatisfactory I may be dismissed with or without cause.
3. I understand that the Department must be aware of any past criminal or driving convictions and will investigate these through proper means. I hereby authorize the Department to conduct these checks of my criminal and driving record.
4. I understand that the District has the right to amend or in any way change rules or procedures or any other aspect of the District operations at any time without notice to me and without my approval.
5. I understand that the District may classify volunteer personnel with the intent and purpose of establishing levels reflecting responsibility, training, experience, specialized knowledge, skills and other essential considerations.
6. I agree that training is the foundation of an efficient and effective emergency response force. I understand that the Department requires me to attend and participate in, a minimum of 75% of the training meeting appropriate for my training and mission. My noncompliance with prescribed minimums will result in the automatic termination of my membership.
7. I understand that the District will attempt to reimburse me for expenses incurred as a volunteer. But do to limited financial constraints; reimbursement may not always be total or complete.

I have received and read and understand the Policy and Procedures Manual.

Volunteer _____ Date: ____/____/____

Chief _____ Date: ____/____/____

DISCLOSURE AND RELEASE
(SAMPLE)

In connection with my application for employment (including contract for services) or membership with (*organization*).

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

(Signature)

(Date)

(Print Name)

(Social Security Number)

(Driver's License Number)

(State)

**SPOKANE COUNTY FIRE
PROTECTION DISTRICT #11
P.O. BOX 65
ROCKFORD, WA 99030-0065**

REQUEST FOR RELEASE OF POLICE RECORDS

I, THE UNDERSIGNED, DO HEREBY REQUEST THE RELEASE OF THE DOCUMENTS OR INFORMATION DESCRIBED HEREIN TO:

SPOKANE COUNTY FIRE PROTECTION DISTRICT NO. 11
PO BOX 65
ROCKFORD, WA 99030

IN ACCORDANCE WITH THE FOLLOWING TERMS AND CONDITIONS.
I UNDERSTAND THAT NEITHER THE CITY NOR COUNTY OF SPOKANE NOR THEIR EMPLOYEES INDIVIDUALLY MAKE ANY WARRANTY, ACTUAL OR IMPLIED, AS TO THE ACCURACY OF THE DOCUMENTS OF INFORMATION RELEASED PURSUANT TO THIS RELEASE.

DATE: _____

INFORMATION OR DOCUMENTS RELEASED:
ALL LOCAL AND STATE RECORDS.

REQUESTED BY: Name (print) _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____

Signature

STATE OF WASHINGTON)
COUNTY OF SPOKANE)

On this day personally appeared before me _____ satisfactorily proved to me to be the person described in the within and foregoing instrument, and acknowledged that () he () she signed the same, free and voluntary act for uses and purposes therein mentioned..

DATED THIS _____ DAY OF _____

NOTARY PUBLIC IN & FOR STATE OF WASHINGTON