

# APPLICATION PACKET TRACKING



PACKET PICKUP DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BEST TIME TO CALL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WHAT TYPE OF VOLUNTEER POSITION ARE YOU APPLYING FOR?

- |   |  |
|---|--|
| <input type="checkbox"/> FIRE/EMS – Any current, pertinent certifications?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> FIRE ONLY– Any current, pertinent certifications?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> EMS ONLY– Any current, pertinent certifications?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> FIRE PREVENTION – Any current, pertinent certifications? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> FIRE CORPS   |  |

## For Office Use Only:

Packet returned date \_\_\_\_\_  Email to VC

Copy of ODL  Copy of proof of auto insurance

Background form attached

Dear Applicant,

Thank you for your interest in becoming a volunteer for the Sisters-Camp Sherman Rural Fire Protection District (hereafter SCS RFPD).

SCS RFPD covers an area of approximately 240 square miles with an ambulance service area (ASA) of approximately 2,000 square miles. Services are provided out of 4 stations located throughout the District including Sisters, Squaw Creek Canyon, Tollgate and Camp Sherman by 12 full time career staff, 3 part-time career staff, 7 college students and approximately 45 volunteers. The District is governed by a 5 person Board of Directors elected by the public. The department responds to nearly 900 calls per year.

As a Fire/EMS volunteer with SCS RFPD, you will have the opportunity to respond to a wide variety of emergency calls including structural and wildland fires, motor vehicle accidents, medical emergencies and others. As a Fire Corps volunteer you will participate in non-emergency activities including: planning, scheduling, and delivery of fire prevention education in the schools, public education to community groups, public displays, support for emergency response, administrative support, and other non-emergency department and community activities as may be assigned. The Fire Corps Volunteer does not work in an emergency hazard zone.

Additional activities throughout the year give members the opportunity to participate in events of a less serious nature. These include standby at events such as the Sisters Outdoor Quilt Show, rodeos, parades, football games and Muscular Dystrophy Association – Fill the Boot drives. Community events include: Christmas dinner and Spirit of Christmas Tree, Easter egg hunt, Halloween haunted house and various fire prevention activities in local schools and social events for department members and their families.

To prepare our personnel to handle these situations, SCS RFPD provides the highest level of training and educational opportunities as well as the latest in apparatus and equipment. You will find service with the fire district to be highly rewarding and a satisfying way to serve your family, friends and community.

In order to get started in the exciting world of a volunteer with SCS RFPD, you must do the following:

1. Fill out and return the attached application form.
  - a. Applicant must live within the SCS RFPD.
  - b. Be at least 18 years of age.
2. Meet with an interview board.
3. Satisfactorily complete the following tests:
  - a. Background, DMV record check and Drug Test
4. Any other requirements as stipulated by Deputy Chief of Operations
5. Complete one year probationary period.

If you have questions regarding the volunteer program, please contact Jeff Liming, Captain and Volunteer Coordinator at 541-410-7494.

Once again, thank you for your interest in becoming a volunteer with SCS RFPD.



SISTERS-CAMP SHERMAN FIRE DISTRICT  
APPLICATION FOR VOLUNTEER

SCS RFPD makes decisions regarding employment and volunteer applications without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicaps or any other protected classification unrelated to job performance.

This application will be considered only for the specific job applied for. It will not be retained. Use one application for each position. If you desire to be considered for a position at a future time, you must file a new application.

Please complete this form carefully using a typewriter or ball point pen. If you need additional space to answer questions, you may attach extra sheets.

NAME: \_\_\_\_\_  
First Name Middle Name Last Name

ADDRESS: \_\_\_\_\_  
Mailing Address and Physical Address

\_\_\_\_\_  
City State Zip Code

TELEPHONE: \_\_\_\_\_  
Residence Business Cell Phone

EMAIL: \_\_\_\_\_

Are you over 18 years of age?  YES  NO SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please describe any education training, qualifications, or skills that you think are relevant to the position for which you are applying and attach copies of any certifications and/or pertinent licenses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a current and valid driver's license?  YES  NO  
If Yes, Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

*If yes, provide photocopy of license and current auto insurance card*

Have you ever been convicted of (1) a felony, (2) any crime involving theft, or (3) any crime involving use or possession of a controlled substance, on or after your 18<sup>th</sup> birthday? (Do not include minor traffic violations or arrests without convictions.)  YES  NO

If yes, please give a short explanation outlining the circumstances of your conviction. Please indicate date, nature and place of offense, and disposition. Convictions are not necessarily disqualifying:

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### EMPLOYMENT HISTORY

List below your work experience, paid or unpaid, beginning with your present or most recent job. Cover the past 10 years if you have worked that long. Describe each job separately, emphasizing your specific tasks and supervisory, technical or other responsibilities. Give special attention to experience relating to the job for which you are applying. You must complete this section of the application form. Attaching a resume in lieu of a fully completed application is not acceptable. If you need additional space, attach additional sheets.

CURRENT EMPLOYER:	ADDRESS:	FROM ____/____ Mo./Year
JOB TITLE:	SUPERVISOR PHONE #:	TO ____/____ Mo./Year
DUTIES (Be Specific):		TOTAL TIME Yrs _____ Mos _____
		<input type="checkbox"/> Full Time
		<input type="checkbox"/> Part Time
		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:		

EMPLOYER:	ADDRESS:	FROM ____/____ Mo./Year
JOB TITLE:	SUPERVISOR PHONE #:	TO ____/____ Mo./Year
DUTIES (Be Specific):		TOTAL TIME Yrs _____ Mos _____
		<input type="checkbox"/> Full Time
		<input type="checkbox"/> Part Time
		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving:		

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 if I have been employed. I understand that any offer for volunteer position which includes firefighting as one of its essential duties, will be contingent upon passing a physical examination, and I agree that I will undergo such examination, at SCS RFPD's expense, if requested.

In consideration of any service with SCS RFPD, I agree to conform to the rules and regulations of the District. I certify that I have read all of this application and that the information I have provided above is true and correct.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT**

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment or volunteer status, and may be justification for my dismissal from SCS RFPD, if discovered at a later date. I agree to immediately notify SCS RFPD if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

\_\_\_\_\_ Initials

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorize SCS RFPD to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

\_\_\_\_\_ Initials

I authorize any person, school, current employer (except as previously noted, past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide SCS RFPD with relevant information and opinion that may be useful to SCS RFPD in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_ Initials

If SCS RFPD makes an offer of volunteer status to me contingent upon passing a pre-employment physical examination, including a drug screening exam and x-rays, I consent to such examination, and I consent to the release to SCS RFPD of any and all medical information, as may be deemed necessary by SCS RFPD in judging my capability to do the work for which I am applying.

\_\_\_\_\_ Initials

I understand that if my volunteer status is terminated by SCS RFPD for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted.

\_\_\_\_\_ Initials

I understand that this application does not, by itself, create a contract of employment. My volunteer position is for definite period of time, and may unless otherwise prohibited, be terminated at any time. I understand that no person is authorized to change any of the terms mentioned in this application form.

\_\_\_\_\_ Initials

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## CONFIDENTIAL PERSONAL HISTORY QUESTIONNAIRE

**Answer all questions completely. If more space is necessary, use an attached sheet of paper. Making false or untruthful statements is grounds for denial of your application. Be sure to sign and date this form in the space provided.**

1. Have you ever been convicted of (1) a felony, (2) any crime involving theft, or (3) any crime involving use or possession of a controlled substance, on or after your 18<sup>th</sup> birthday? (Do not include minor traffic violations or arrests without convictions.) YES NO If yes, please explain for each incident: 1) Date; 2) Charge; 3) Name of Police Agency; 4) Disposition/Penalty; 5) Name and address of Court; and 6) a detailed narrative account of the incident. Begin with the most recent case and list all incidents.
2. If you were ever suspended, terminated or asked to resign from any job describe the details in full below.
3. Have you ever used illegal or restricted dangerous drugs without a doctor's prescription? If yes, provide complete details.
4. Have you ever had a driver's license from another state? If yes, give for each license: 1) State; 2) License Number; 3) Dates held; and 4) your address at the time.
5. In the past 7 years, have you ever received, as an adult or juvenile, a traffic citation (other than for parking)? If yes, include all citations whether convicted or not.
6. Have you ever had your driver's license suspended, revoked, cancelled, or restricted? If yes, explain and include: 1) Date; 2) Reason; and 3) Agency directing.

7. In the past 7 years have you ever been a driver involved in any traffic accident major or minor, whether your fault or not? If yes, explain.

8. List two personal non-family references and their occupations; include address, telephone, how long known and relationship.

1.

2.

9. Have you ever been a member of another fire department? If yes, give the name(s) and address of the department(s).

10. Do you have any physical limitation, which would restrict your ability to perform firefighter or EMS duties? YES NO If so, please explain.



## ADDITIONAL SHEET

This space is provided to continue detailed answers to questions. Be sure to identify the item number to which answer or comment applies.

Item Number - Comments:

### PENALTY

Any falsification, withholding or failures to answer all questions completely and accurately may cause forfeiture of all rights to employment or removal from the list of applicants who have been certified for consideration of employment.

### CERTIFICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions and that all statements and answers are true and correct to the best of my knowledge and belief.

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Signature of Applicant (sign in ink)

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Date signed