

**Spokane County Fire Protection District 10
Volunteer Firefighter Application for Service**

Volunteer Program	___
Reserve Program	___
Resident Program	___
Support Services	___

Date Received _____

Please **print** clearly - Use additional sheets if necessary

Full Name _____

Address _____ City _____ Zip _____

Phone _____ Message/Work Phone _____

E-Mail Address _____

Social Security # _____ Driver's License # _____

Medical Emergency:

In case of emergency notify: _____

Phone _____ Relationship _____

Please list any allergies or other conditions that could affect emergency treatment and physical or health restrictions that could limit effectiveness as a firefighter:

Education:

Name/Location of High School attended _____

Graduated (Year)? _____ If not, GED? _____

Name/Location of College attended _____

Graduated(Year)? _____ Major _____

Name/Location of other education attended _____

Qualifications/Certifications _____

Employment History: (List 3)

(1) Employer _____ Dates of employment _____

Supervisors Name _____ Phone _____

Address _____

Job Responsibilities _____

Reason for Leaving _____

(2) Employer _____ Dates of employment _____

Supervisors Name _____ Phone _____

**Spokane County Fire Protection District 10
Volunteer Firefighter Application for Service**

Address _____

Job Responsibilities _____

Reason for Leaving _____

(3) Employer _____ Dates of employment _____

Supervisors Name _____ Phone _____

Address _____

Job Responsibilities _____

Reason for Leaving _____

References: (List 3 non-family members)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Present Fire Related Qualifications: Please include copies of any certificates

EMT _____ Level _____ Expiration Date _____

NWCG Wildland Firefighter _____ Expiration Date _____

Structural Firefighter: _____

Other qualifications: _____

I understand that any information contained within this application may be verified and that all information obtained as a result of this application is confidential and will be used only for the purpose of determining membership. I understand that if I am accepted by Fire District 10 I may be subjected to drug and/or alcohol testing and/or physical examinations. I agree to keep Fire District 10 informed as to any changes of the information contained in this application (change of address, phone, convictions, traffic violations, etc.) I also understand that false statements or omissions of information will make this application void and may terminate my membership.

Applicants receiving a conditional offer of employment will be required to undergo and successfully pass a criminal background check. Criminal convictions are not an automatic bar to employment with Spokane County Fire Protection District 10. Considerations include, but are not limited to, the nature of the conviction, when the event occurred, and the relationship between the position applied for and the type of crime

Date _____ Signed _____

**Spokane County Fire Protection District 10
Volunteer Firefighter Application for Service**

AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern,

I authorize you to furnish Spokane County Fire Protection District #10 with any and all information that you have concerning me, my work record and my reputation, not prohibited by the Washington State Law against Discrimination RCW 49.60 and regulations concerning Fair Pre-Employment Inquiries. This will include a criminal background check.

Information of a confidential or privileged nature may be included. Your reply will be used to assist Fire District 10 in determining my qualifications and fitness for the position I am seeking with the Fire District.

I further understand that the District may, from time to time, request an updated driving and/or criminal background check and that I am required to inform the District of any driving changes including violations

I hereby release you, your organization and others from any liability or damage, which may result from furnishing the information requested. Please consider copies of this document to have the same power of authorization as an original document.

Print Name

Signature

Date

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

Notary Public in and for the State of Washington
Residing at Spokane