

APPLICATION FOR VOLUNTEER MEMBERSHIP

*Please Type or Print Clearly

Name Last Name	First Name	Middle Initial	
Personal Information			
Current Address:	City:	State:	
Mailing Address (if different	then above):		
City: State:	Phone Number:		
Secondary Phone Number: _	Email ad	dress:	
Date of Birth:	Driver's License Numb	er:	
Eligible to Work in the Unite	d States? Yes No _		
Have you been convicted of a	felony? Yes No		
If you answered "Yes," what	where you convicted of? _		Explain:
Marital Status: Married Spouses Name: Name & Ages of Children:			
Name & Ages of Children: _			
Emergency Contact of Accid	ent or Death:		
Address:	PI	one Number:	
Relationship:			

Military History

Have you served in the military? Yes No	
(Complete the following only if you answered "Yes" p	previously)
Are you currently active in the military? Yes	_ No
Military Service Branch:	Date:
Type of Discharge	

Educational Information

Formal Education 123456789101112	2 13 14 15 16
High School Attended	Year Graduated
College/Technical College	Year Graduated
Emphasis	
Degree Completed	
College/Technical College	Year Graduated
Emphasis	
Degree Completed	

Previous Fire or Medical Experience

Do you have previous firefighting experience? Yes	No
Do you have previous medical experience? Yes	No
(Complete the following only if you answered "Yes"	to either previous question)
Department/Agency:	Position Held:
Address:	Dates:
Department/Agency:	Position Held:
Address:	Dates:
Certifications/Training:	

Employment History

Your Current Occupation	1:	
Employer:	Phone Number:	
Address:		
List all other previous wor of newest to oldest.	k history previously to your current occupation. List th	tem in chronological order
Employers Name:	Address:	
Phone Number:	Immediate Supervisor:	
Date Hired:	Departure Date:	
Reason for Leaving:		
Employers Name:	Address:	
Phone Number:	Immediate Supervisor:	
Date Hired:	Departure Date:	
Reason for Leaving:		

Employment History (Continued)

Employers Name:	Address:
Phone Number:	Immediate Supervisor:
Date Hired:	Departure Date:
Reason for Leaving:	
Employers Name.	Address:
Phone Number:	Immediate Supervisor:
Date Hired:	Departure Date:
Reason for Leaving:	
Can we contact your previo	us and current employers? Yes No
If you answered "No," whic	h employers can we contact?

Personal References

Name	Address	Phone Number	
Name	Address	Phone Number	
Name	Address	Phone Number	

List 3 personal references that are not related to you:

I am giving full permission to Lewis County Fire District #5 to contact my personal references about my possible volunteer membership.

DATE: ___/___

Signature

I hereby certify that all statements are true and complete as far as I can determine. I understand that any misstatements may subject me to disqualification or dismissal.

DATE: ___/__/

Signature

LEWIS COUNTY FIRE DISTRICT #5



WAIVER FOR REFERENCES & BACKGROUND CHECK

I, _________ hereby grant permission for Lewis County Fire District #5, to contact any, and all of my prior employers to inquire about any and all aspects of my prior employment. I understand and agree that Lewis County Fire District #5 may ask for, and receive information regarding my performance, duties, compensation and any other matter in any way related to my prior employment. I hereby waive any right I may have, now, or in the future, to bring a claim against Lewis County Fire District #5, its past, or present agents, employees, officials, representatives or attorneys, in their individual or official capacities, for any information they may provide to Lewis County Fire District #5. I acknowledge that this permission and waiver are freely and voluntarily given to **Lewis County Fire District #5**.

I also sign this document as a release for Lewis County Fire District #5 to run a criminal background check as part of the Volunteer application process to join Lewis County Fire District #5.

Social Sec. # _____-____

DATE: ____/___/____

Signature



CRIMINAL JUSTICE RECORDS REQUEST

P.O BOX 259 NAPAVINE, WA 98565-0259 PHONE: (360)262-3320 FAX: (360)262-3893

CRIMINAL JUSTICE RECORDS REQUEST RELEASE OF INFORMATION FORM

Date:				
Name				
Last Name	e	First Name	Middle Na	me
Aliases:				
Address:		City:	State:	Zip:
Race:	Sex:	D	ОВ:	
State Patrol and	l released to Lo unauthorized	ewis County Fire	ation provided by V District #5's custo t to RCW 10.97 Wa	ody will not be

DATE: ___/__/

Signature



VOLUNTEER LETTER OF COMMITMENT

Print Name

As a member of Lewis County Fire District #5, I am making a commitment to my family, myself, the community, and other members of Lewis County Fire District #5 to maintain my training, responses, and support of the department.

The Standard Operating Guidelines require that I maintain a minimum level of attendance at training and a level of minimum responses to calls within the fire district. Also, I agree to support operations of the department as the needs of the community and surrounding area requests.

This commitment and goal of all personnel is to represent Lewis County Fire District #5 in a positive, safe, and professional manner. Our mission is to provide Fire and EMS services to protect lives, salvage property, and stop further loss to the environment.

In signing this letter you accept the commitments of this agency to the community and your fellow members, and that you will continue to support the mission, values, and the policies of Lewis County Fire District #5.

DATE: ____/___/____

Signature



Essay

Please attach a 1-page (written or typed) essay about yourself. Include who you are, hobbies, family, work, education, etc. Include anything you feel we should know about you. This gives us a chance to learn a little bit about you before the interview.

Physical Test

There will be a physical test after the interview. The physical test will include:

- Push-ups
- Sit-ups
- Running
- Pulley hoist
- Equipment Carry
- Tire Drag

Please prepare accordingly for this Physical Test.

Ride Along

As part of the application process, an 8-hour ride along will be mandatory. Please fill out the following forms.

By signing I acknowledge that I have read and understood the above.

DATE: ____/___/____



Ride Along Request Form

Date:		
Name:	Age: DOB: must be presented for verification of birth date)	
``````````````````````````````````````	must be presented for vermeation of birth date)	
City:	State:Zip:	
Contact Number:		
Emergency Contact Name:		
Emergency Contact Number:		
Reason for Ride Along: Volunteer	Applicant	

Requested Dates: Volunteer Coordinator will reach out by phone to schedule dates.

For Office Use:	
Rider Name: Date Scheduled:	
Scheduled to Ride: Sta. 1	
Confirmed with BC/MSO: Duty Crew:	_
Scheduled by: Date:	_



In consideration of Lewis County Fire District 5 granting me the opportunity to accompany and observe Lewis County Fire District 5 personnel, both in the firehouse and while riding in Lewis County Fire District 5 owned vehicles, and in order to take advantage of that opportunity, I acknowledge that the duties of the Fire Department are inherently dangerous, and that no duty is owned to me by Lewis County Fire District 5 or its agents while engaged in their official duties, and I understand that I assume all risks of such activity and agree to release and hold Lewis County Fire District 5, and its officials, officers, employees and agents harmless from any and all liability whatsoever for any and all injuries, damages, and claims I, my heirs, dependents and assigns may sustain as a result of me accompanying Lewis County Fire District 5 personnel. I also understand that I am not an employee or agent of the Lewis County Fire District 5, but only an observer, and I am completely responsible for my acts, and shall hold the Lewis County Fire District 5, its officials, officers, employees, and agents harmless from any and all liability whatsoever for any and all liability whatsoever for any and all liability whatsoever for any and shall hold the Lewis County Fire District 5, but only an observer, and I am completely responsible for my acts, and shall hold the Lewis County Fire District 5, its officials, officers, employees, and agents harmless from any and all liability whatsoever for any and all injuries, damages and claims resulting from my act

I,	have read this waiver and fully understand its
contents and intend to be legally bound thereby.	
DOB Address	

Signature _____ Date _____

# The remainder of this form is to be completed by a parent or guardian of any observer under eighteen years of age.

______, the parent or legal guardian of the above named minor have read this waiver of liability, understand it, and hereby consent to the minor accompanying Lewis County Fire District 5 personnel both in the firehouse and while riding in Lewis County Fire District 5 owned vehicles, and acknowledging the risks involved, and assuming those risks, I agree to release and hold Lewis County Fire District 5, its officials, officers, employees and agents harmless from any and all liability whatsoever for any and all injuries, damages and claims that may arise as a result of the minor accompanying said personnel of the Lewis County Fire District 5.

Parent Signature	 Date	