

# LINCOLN COUNTY FIRE DISTRICTS VOLUNTEER APPLICATION

**Agency(s) you are requesting membership with:      What area(s) of involvement are you interested in?**

- |  |  |
|--|--|
| <input type="checkbox"/> Central Oregon Coast Fire & Rescue, | <input type="checkbox"/> Fire Suppression                        |
| <input type="checkbox"/> Depoe Bay Fire & Rescue,            | <input type="checkbox"/> Emergency Medical Services              |
| <input type="checkbox"/> Newport Fire Department             | <input type="checkbox"/> Technical Rescue Responder (rope/water) |
| <input type="checkbox"/> North Lincoln Fire & Rescue,        | <input type="checkbox"/> Support Services                        |
| <input type="checkbox"/> Seal Rock Fire District,            | <input type="checkbox"/> Resident Volunteer                      |
| <input type="checkbox"/> Siletz Fire District,               | <input type="checkbox"/> Shift Volunteer                         |
| <input type="checkbox"/> Toledo Fire Department              | <input type="checkbox"/> CERT                                    |
| <input type="checkbox"/> Yachats Fire District               |  |

**PLEASE PRINT OR TYPE • FILL OUT COMPLETELY**

Name: \_\_\_\_\_  
Last    First    Full Middle Name    Maiden/Alias  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 How long have you lived at this address: \_\_\_\_\_ yrs. / \_\_\_\_\_ months      Do you work in this city?  Y  N  
 If no where do you work? \_\_\_\_\_  
 Phone (Home or Cell) \_\_\_\_\_ Email \_\_\_\_\_  
 Social networking sites: \_\_\_\_\_

## CURRENT EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_ Supervisor name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Mailing    City    State    Zip  
 Job Title: \_\_\_\_\_ Typical work schedule: \_\_\_\_\_  
 How long at present job: \_\_\_\_\_ yrs. / months      Duties \_\_\_\_\_  
 \_\_\_\_\_  
 May we contact this employer for a reference  Y  N

## EMPLOYMENT HISTORY

List employers for the past five (5) years and provide a contact name and phone number.  
 Use a separate page if necessary

1) Business & Location \_\_\_\_\_ Job Title \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_ May we contact  Y  N  
 2) Business & Location \_\_\_\_\_ Job Title \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_ May we contact  Y  N  
 3) Business & Location \_\_\_\_\_ Job Title \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_ May we contact  Y  N

*Qualified applicants are considered for membership without regard to age, race, color, religion, sex, national origin, sexual orientation, veteran status or any other legally protected status or characteristic.*

## GENERAL INFORMATION

Please describe any skills or specialized training you will bring with you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FIRE SERVICE/ EMERGENCY MEDICAL SERVICE AGENCIES

*Please list all Fire Service or Emergency Medical Service agencies you have worked or volunteered for in the past. Use a separate page if necessary. Please provide the reason for leaving each agency.*

1) Agency & Location \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor: \_\_\_\_\_

2) Agency & Location \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor: \_\_\_\_\_

Other: \_\_\_\_\_

Provide a copy of any EMT, Fire Service Certifications or training records

## EDUCATION HISTORY

High School \_\_\_\_\_ Location \_\_\_\_\_ Diploma or GED (circle) Year \_\_\_\_\_

College Name \_\_\_\_\_ Location \_\_\_\_\_ Dates – From/To \_\_\_\_\_ Major, Degree or Certificate \_\_\_\_\_

## DRIVING AND CRIMINAL HISTORY

**DRIVING RECORD:** List any and all driving citations or chargeable accidents you have had within the past five (5) years. If none mark N/A ( )

Date \_\_\_\_\_ Infraction \_\_\_\_\_ Court \_\_\_\_\_

**CONVICTIONS:** List all instances in which you have been convicted of breaking any law except traffic citations. If none, mark N/A ( )

Date \_\_\_\_\_ Location \_\_\_\_\_ Charge \_\_\_\_\_ Disposition \_\_\_\_\_

## REFERENCES

**References:** (Please list 2 individuals other than relatives, who have known you for more than one year)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone \_\_\_\_\_

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**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW**

*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 that should an investigation disclose untruthful or misleading answers, my application may be rejected or my status as a member of the respective Fire District be terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for membership.*

**Release and Authorization for Perpetual Use of Name, Image, Likeness and Voice; Intellectual Property and Copyright Assignment**

If appointed as a volunteer, I hereby consent to and authorize the use of my name, image, likeness, and voice, in whatever form recorded, reproduced or depicted, by any of the **Fire Districts of Lincoln County**, for any purpose, including, but not limited to, recruitment, public relations, advertising fundraising, education and training. This release and authorization shall be perpetual, and shall apply during and after my tenure as a volunteer. I understand that news media (radio, television, magazine newspaper, webcasts, blogs, etc.) capture candid images at events at which personnel may be present, and reproduce and/or publish these images. I further understand it my likeness may be used in reports requested by courts, and state and local police agencies. I further assign all copyright, trademark, or other intellectual property rights I may have in any materials which I may create for any of the **Fire Districts of Lincoln County** to the fire district for which such materials are created. I understand that I will not receive any financial compensation for any of the above-described uses of my name, image, likeness or voice, or for any copyright, trademark or intellectual property assigned by this paragraph.

**Applicant Initials** \_\_\_\_\_

**Physical Exam & Medical Records Release Waiver and Records Authorization**

In connection with my application, I understand that if any of the **Fire Districts of Lincoln County** makes me an offer of appointment to volunteer status (except for some support service positions), the offer is contingent upon my passing a pre-appointment physical examination, including a drug screening exam and x-rays, and I consent to such examination. I consent to releasing any medical information as may be deemed necessary by the specific fire district or districts making the contingent offer of appointment to enable them to judge my capability to perform the essential job functions of the position for which I am applying. Further, I grant permission to the district or districts for which I volunteer to demand at any time a drug screening and/or alcohol screening while acting in the capacity of a volunteer for the District.

**Applicant Initials** \_\_\_\_\_

*I understand that this application will be kept on file from the date received (as listed below), and that it is my responsibility to update this application or re-apply as needed.*

I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\*A photographic copy or telephonic facsimile of this document shall be valid for all purposes present and future.  
\*This release will be kept on file for the duration of membership or employment

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# Permission to Procure an Investigative Report

Please type or print legibly your name as it appears on your driver's license

\_\_\_\_\_  
LAST FIRST FULL MIDDLE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIPCODE

Please list other names used and dates of name change in the last ten years:

\_\_\_\_\_  
FULL NAME DATE

\_\_\_\_\_  
FULL NAME DATE

\_\_\_\_\_  
FULL NAME DATE

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please provide details of all violations and location so all convictions (A yes answer will not necessarily disqualify you from employment.)

Residences: Please list residences in the last 10 years

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Years: \_\_\_\_\_ to \_\_\_\_\_

## INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

*In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law any of the **Fire Districts of Lincoln County** to which I am applying, their employees, agents and volunteers, any individual or agency obtaining information for any of **The Fire Districts of Lincoln County** to which I am applying, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or the disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.*

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Witnessed Date

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