

Pacific County Fire District 1



Volunteer Application Packet

Pacific County Fire District 1
26109 Ridge Ave / P.O. Box 890, Ocean Park, WA 98640
360-665-4451

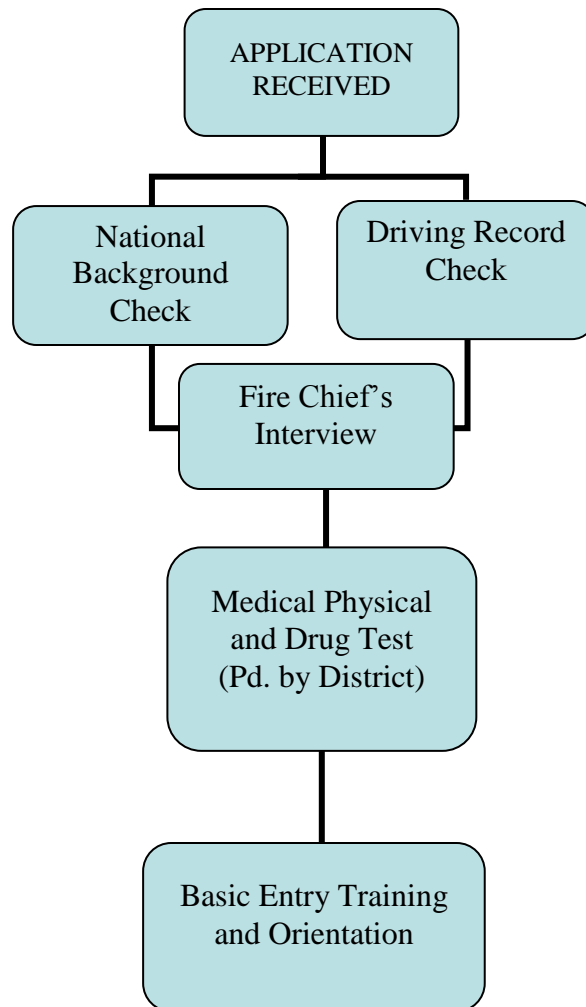
www.pcfdl.org
www.facebook.com/PacificCountyFireDistrict1

VOLUNTEER ACCEPTANCE PROCESS

Thank you for your interest in volunteering with Pacific County Fire District 1. The following is the process for accepting new members into the Fire District.

The application packet you return should include the following:

- ☐ Application for Volunteer Membership
- ☐ Support Division Volunteer Application (if applicable)
- ☐ Confidential Disclosure Report
- ☐ Background Check Authorization
- ☐ Driving Record Request (State of Washington) –If Driver's license is issued from another state, you are responsible for providing a copy of the record within 1 month from start date.
- ☐ Copy of Driver's License
- ☐ Copy of Proof of Personal Auto Insurance



APPLICATION FOR VOLUNTEER MEMBERSHIP

Pacific County Fire District 1 is an equal opportunity agency. It is the policy of Fire District 1 not to discriminate in accordance with the requirements of all applicable state and federal laws, on the basis of race, creed, color, religion, national origin, sex, veteran status, ancestry, marital status, physical or mental handicap or age.

Volunteers with Pacific County Fire District 1 must live within a reasonable response time from any District station.

Please Type or Print

Date: _____

Name: _____ Phone No. () _____

Mailing Address: _____ State: _____ Zip: _____

Physical Address: _____ Phone No. () _____

City: _____ State: _____ Zip: _____

Best time to contact you _____ Phone No. () _____ E-mail _____

Please mark below the areas of volunteer service you are interested in:

_____ Firefighter (Interior	_____ Administrative Support (Clerical, Photography,
_____ Firefighter (Non-interior)	_____ Computer Support, Chaplain)
_____ Firefighter / EMS Responder	_____ Other _____
_____ Emergency Medical Services (EMS)	_____

Under Federal Law, an individual is not required to fill out the following information prior to acceptance, it can only be provided on a voluntary basis until the time of acceptance. The following information is requested only to expedite the application process.

The following information is provided voluntarily (please initial) _____ Are you between 18 and 70 years old? Yes _____ No _____

Social Security Number _____ U.S. Citizen? Yes _____ No _____

Employer: _____ Occupation: _____

Employer's Phone No.: _____ May we contact your current employer? Yes _____ No _____

Will your employer release you to respond to emergencies? Yes _____ No _____

Time of day available to respond to alarms (check all that apply):

_____ Any time _____ Weekends _____ Evenings _____ Weekdays _____ Other _____

Why do you want to become a volunteer? _____

RELATED TRAINING

Prior related fire and/or medical aid training: _____

Schools attended related to fire or medical aid training: _____

GENERAL

Do you have any physical, sensory or mental handicaps that would hamper your performance as a volunteer? Yes ___ No ___

If yes, please explain: _____

Are you currently receiving any disability compensation? Yes _____ No _____

Have you ever been convicted of any law violation? (except a minor traffic violation) Yes _____ No _____

If yes, give a brief explanation _____

Have you ever been found in any proceeding to have violated any state or federal law or rule regarding the practice of a health care profession? Yes _____ No _____

DRIVERS LICENSE INFORMATION

You must have a valid driver's license and proof of current auto insurance. **(Please provide a copy of your driver's license and proof of insurance.)** Please complete the attached "Request for Abstract of Driving Record" (WA Only) authorizing Fire District 1 to conduct a motor vehicle check. If you currently have an out of state driver's license, it will be your responsibility to get a driving abstract from your home state.

Driver's License #: _____ State _____ Expiration Date: _____ / _____ / _____

Eye Color: _____ Last 4 Digits of SSN: _____ Auto Insurance Co: _____

REFERENCES

Please give the name and address of at least two persons who are not related to you for personal references:

Name:

Address:

Phone:

I understand that before being accepted as a volunteer with Pacific County Fire District 1, I must pass a drug screen and that I will be on probation for one year during which time certain participation and training requirements must be met. In addition, I may also be required to pass a medical physical, paid for by Fire District 1.

Signed: _____ Date: _____ / _____ / _____

Attach the following and return with your application:

_____ Background Check Authorization

_____ Request for Driving Record (WA Only) – If you are from out of state, you will be responsible for getting a complete driving abstract from the state which issued you your license.

_____ Confidential Disclosure Report

_____ Copy of your current driver's license.

_____ Copy of your current automobile insurance.

SUPPORT DIVISION VOLUNTEERS

APPLICATION – PART 2

Pacific County Fire District 1 appreciates your time and your interest in volunteering with our department. Please complete the following questions to better assist us in matching your interest/skills with projects/events.

1. What are some of your hobbies and interests? _____

2. What are some of your skills and/or training (not including Firefighting/EMT training) _____

3. Please list any organizations, clubs and affiliations you are also involved with. _____

4. Please check any of the following topics/events that interest you? Marking these topics does not mean you will be expected to volunteer for such projects, but you may be asked if you are interested.

<input type="checkbox"/> Address Signs Maintenance & Installation	<input type="checkbox"/> Alterations	<input type="checkbox"/> Bike Rodeo	<input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Chaplain	<input type="checkbox"/> Develop E-mail Database	<input type="checkbox"/> Fire Prevention Week	<input type="checkbox"/> 4th of July Beach Signs
<input type="checkbox"/> Gardening	<input type="checkbox"/> Health Fairs	<input type="checkbox"/> Lockbox Maintenance	<input type="checkbox"/> Lunches – Recruit Academy Saturdays
<input type="checkbox"/> Photography	<input type="checkbox"/> Rehab	<input type="checkbox"/> Training / Data Entry	<input type="checkbox"/> Support Van Setup & Maintenance
<input type="checkbox"/> Smoke Detector / Battery Replacement			
<input type="checkbox"/> Extended Fire Support – Refill oxygen bottles, assist with delivery of food and water as needed, help out in Rehab.			

Name: _____

Date: _____

**PACIFIC COUNTY FIRE DISTRICT 1
CONFIDENTIAL DISCLOSURE REPORT**

Preface

The fire service is a public service which requires the utmost in public trust. As a fire service professional, you will have direct contact with the public, in a wide variety of circumstances. The citizens we serve expect all District personnel to conduct themselves as professionals. Our citizens must be confident with the integrity of the personnel they entrust their lives and property to. The District has the responsibility to uphold these standards of expectations.

The Law

RCW 43.43.834(2) requires that Pacific County Fire District 1, at the time it accepts an application for the position of volunteer or career firefighter, obtain the following information from the applicant; if the applicant, when hired or accepted as a volunteer, may have unsupervised access to children under sixteen (16) years of age or developmentally disabled persons or vulnerable adults during the course of employment; or, where a volunteer may have access to groups of five (5) or fewer children under twelve (12) years of age, or three (3) or fewer children between twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements, please provide the following information:

Definitions

A crime against children or other persons is defined by the statute as: *"a...conviction of any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future."*

A crime relating to financial exploitation is defined by statute as: *"...conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future."*

1. Have you ever been convicted of any crime against children or other persons?
Yes _____ No _____
2. Have you been convicted of any crimes relating to financial exploitation of a vulnerable adult?
Yes _____ No _____
3. Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
Yes _____ No _____
4. Have you been found, by a court in a domestic relations proceeding under Title 26 RCW, to have sexually abused or exploited any minor or to have physically abused any minor?
Yes _____ No _____
5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
Yes _____ No _____
6. Have you been found by a court in a protection proceeding under chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult?
Yes _____ No _____

If you are offered a position as a paid employee or as a volunteer with Fire District 1, the District may under RCW 43.43.832 and .834 conduct a background check to verify the answers provided above. You may request a copy of your background check no less than ten (10) days after you have signed the authorization. The District will use this information and record only to make the initial employment or acceptance decision and for no other purpose.

Dated: _____ Applicant: _____

PACIFIC COUNTY FIRE PROTECTION DISTRICT #1
P.O. Box 890 - 26110 Ridge Avenue
Ocean Park, WA 98640
360-665-4451 FAX 360-665-4909

BACKGROUND CHECK AUTHORIZATION

Fire District 1 is an equal opportunity agency. It is the policy of Fire District 1 not to discriminate in accordance with the requirements of all applicable state & federal laws, on the basis of race, creed, color, religion, national origin, sex, veteran status, ancestry, marital status, physical or mental handicap or age.

Date: _____ / _____ / _____

Full Legal Name: _____ Date of Birth: _____ - _____ - _____

All other names used in the past 5 years: _____

Mailing Address: _____ State: _____ Zip: _____

Physical Address: _____ Phone No. (____) _____

City: _____ State: _____ Zip: _____

Please list where you have resided in the past 5 years:

City and State:

Dates Resided:

By my signature below I give permission to Pacific County Fire District 1 to conduct the required background checks including a police records check.

Comprehensive Background Check:

"I authorize Pacific Fire District 1 to solicit information regarding my character, general reputation, previous employment and similar background information. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information."

Certification of Authorization:

"By signing this authorization, I declare that the information provided by me is complete and true to the best of my knowledge."

Signed: _____ Date: _____ / _____ / _____

Driving Record Request

Driving records are available for a **\$13 non-refundable fee for each record.**

For fastest service:

- **To purchase your own driving record online** login to License eXpress at dol.wa.gov/licenseexpress.html. You can print it or save it and it's available for 30 days if you need to print it again.
- **To purchase driving records online for authorized business needs**, login and create a business account in License eXpress at dol.wa.gov/licenseexpress.html. You can print your records or save them and they are available for 30 days if you need to print them again.

For validation only

106-060-421-0005

To purchase by mail, please allow 10 business days for processing.

- **Use this form.** If you are requesting a driving record for an employee, prospective employee, or volunteer, you must get a [Driving Record Release of Interest](#) form from the driver before making your request. Keep it in your files. Do not mail it to us. We will send the record to you or the individual or company you indicate below.

Mail this form and the non-refundable fee for each record in a check or money order payable to Department of Licensing to:

Driver Records, Department of Licensing, PO Box 3907, Seattle, WA 98124-3907

If you have additional questions, contact customer service at (360) 902-3900, option 6.

Requestor information

PRINT or TYPE Requestor name	(Area code) Daytime telephone number
Mailing address (Street address or PO Box, City, State, ZIP code)	
Email	(Area code) Fax number
How would you like the driving record(s) sent? (Choose one) <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail (one record only)*	
*We will not mail more than one driver record. Multiple record requests will only be sent by email or fax.	

Drive record requested

PRINT or TYPE Name (Last, First, Middle initial)	
Date of birth	Washington driver license number
Type of record requested (If more than one record type selected, include \$13 for each additional record) Insurance records show violations, convictions, and accidents only. Other drive records show traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records: <input type="checkbox"/> Alcohol/Drug assessment (up to 10 years) – Used by chemical dependency agencies. <input type="checkbox"/> Employment record – Used by employers, volunteer organizations, and transit authorities to determine eligibility. <input type="checkbox"/> Insurance record (3 year) – Used to create and renew life, vehicle, and commercial vehicle insurance policies. <input type="checkbox"/> Full record – A complete driving record provided to the person named on the record.	

I certify under penalty of perjury that I am entitled by federal or state laws to obtain an abstract of the driver record of the individual requested.

Date and place signed (city or county)

X

Signature

If requesting additional drive records, attach separate sheets using this format. **Include \$13 non-refundable fee per record.**

Driver Record Request Form Data Sharing Agreement – General Form

This **Data Sharing Agreement** (Agreement) is between the Washington State Department of Licensing (DOL), and the entity (Requestor) named on the Driver Record Request form (Form). By submitting this Form to DOL, Requestor acknowledges and agrees to the following:

1. **DEFINITIONS:** The following terms have the meanings set forth below:
 - **“Drive Record”** is a copy of a driving record that includes a history of violations, convictions, collisions, and departmental actions incurred by a driver over a period of time. It may not include the license original issue date.
 - **“Confidential Information”** means information that may be exempt from disclosure to the public or other unauthorized persons under state or federal statutes. Confidential Information includes, but is not limited to information that identifies an individual, including an individual's photograph, social security number, name, address (but not the five-digit zip code), telephone number, medical or disability information, credit card information, driver license numbers, law enforcement records, and banking profiles.
 - **“Permissible Use”** means only those users authorized in this Agreement.
2. **GRANT OF LICENSE:** Subject to the terms and conditions of this Agreement, DOL agrees to grant Requestor with a limited non-transferable license to have access to selected Driver Records. At all times DOL remains the owner of all data contained in Driver Records provided under this Agreement.
3. **COMPENSATION:** Requestor will pay a non-refundable thirteen dollars (\$13.00) for each Driver Record, which Requestor will include when submitting the Form. If the established amount changes, Requestor will pay the updated amount as set by statute. In the event Requestor does not make timely full payment, the unpaid debt may be subject to applicable interest and fees and eventual collection practices as allowed by law. DOL may refuse to provide future Driver Records until Requestor is current with all payments.
4. **ACCESS REVIEW ON DRIVER RECORDS:** Requestor must actively monitor to ensure that all Driver Records are accessed or used only for official job responsibilities. Requestor must immediately bar the access to anyone who accesses or uses Driver Records outside of a Permissible Use specifically allowed for in this agreement.
5. **RELEASE OF INTEREST – EMPLOYERS AND VOLUNTARY ORGANIZATIONS:** If Requestor is requesting Driver Record(s) as an employee prospective employee, or volunteer, Requestor must first obtain a Release of Interest signed by: a) The employee, prospective employee, or prospective volunteer that authorizes the release of the Driver Record; and b) The employer or volunteer organization attesting that the information is necessary for employment purposes related to driving by the individual as a condition of employment or otherwise at the direction of the employer or the volunteer organization. If the employer, prospective employer, or volunteer organization authorizes an agent to obtain this information on their behalf, the use of the agent must be noted in the Release of Interest. For employer and prospective employer purposes, the Release of Interest must also note that any information contained in the Driver Record related to an adjudication that is subject to a court order sealing the juvenile record of an employee or prospective employee may not be used by the employer or prospective employer, or an agent authorized to obtain this information on their behalf, unless required by federal regulation or law. The employer or prospective employer must afford the employee or prospective employee an opportunity to demonstrate that an adjudication contained in the abstract is subject to a court order sealing the juvenile record. The Release of Interest must be signed by the employee, prospective employee, or volunteer organization before the Requestor requests the Driver Record. DOL may audit Requestor at any time to verify that all Release of Interests were executed prior to requesting such records, and that all necessary information was contained in the Release of Interests.
6. **SAFEGUARDING OF CONFIDENTIAL INFORMATION:** Driver Records provided pursuant to this Agreement include Confidential Information. Requestor acknowledges and agrees that it has a continuing obligation to comply with all federal and state laws, regulations, and security standards as enacted or revised over time, regarding, protection of Confidential Information, data security, electronic data interchange and restricted uses of such information. Requestor must maintain and support administrative, technical or physical methods used to monitor compliance with the Data Safeguards and Permissible Use(s) authorized in this Agreement across all Requestor business practices.
7. **SAFEGUARDING POLICIES AND PROCEDURES:** Requestor must maintain written policies and procedures to ensure Confidential Information is safeguarded and only used as authorized herein. At a minimum, the policies and procedures must include: a) limited access to only necessary personnel, b) view only access to Confidential Information, c) proper storage and handling of electronic and hard copy documents containing Confidential Information, and d) training requirements on the Permissible Use(s) to personnel with access to Confidential Information).
8. **PERMISSIBLE USE:** Driver Records may only be used for lawful actions authorized under RCW 46.52.130 (<http://app.leg.wa.gov/RCW/default.aspx?cite=46.52.130>), and as approved by DOL after reviewing Requestor's Form. Any other use is strictly prohibited. This prohibition includes, without limitation, the use of a Driver Record for purposes of investigating, locating, or apprehending individuals for immigration related violations. Any entity receiving an Driver Record under the Permissible Uses listed under RCW 46.52.130 must use the Driver Record exclusively for its own purposes or as expressly permitted under RCW 46.52.130, and may not divulge any information contained in the Driver Record to a third party. A negligent violation of RCW 46.52.130 is a gross misdemeanor. Any intentional violation is a class C felony.
9. **DISPOSAL OF CONFIDENTIAL INFORMATION:** Requestor shall dispose of any Driver Record at any time when Requestor's immediate use of that record is no longer needed.
10. **GOVERNANCE:** This Agreement is governed by the laws of the state of Washington and any applicable federal laws. Venue for any legal action arising out of this Agreement is the Thurston County Superior Court. In the event of an inconsistency in terms of this Agreement, or between the terms and any applicable statute or rule, the inconsistency will be resolved by giving precedence in the following order: 1) Applicable federal and Washington State laws, and regulations; 2) Terms and conditions of this Agreement; and 3) The Requestor's Form, which is incorporated herein.
11. **INDEPENDENT CAPACITY:** The scope of this Agreement maintains each Party's independent status as a self-governed entity, and nothing herein may be deemed as allowing any employee or agent of one Party to be considered as the employee or agent of the other Party.
12. **INTEGRITY OF DATA:** DOL compiles its data based in part on the reporting of information from outside individuals and entities; DOL may not be held liable for any errors which occur in compilation of data.
13. **HOLD HARMLESS:** Requestor shall hold DOL harmless for any damages or claims arising from its own acts and/or omissions, which includes those acts or omissions of its employees and agents. For any matters concerning Data Security, safeguarding, and Permissible Use, Requestor will be held to a strict liability standard.
14. **RECORDS ACCESS AND INSPECTIONS:** Requestor, at the request of DOL, must provide, access to all records retained in connection with the receipt of Driver Records under this Agreement. Upon request, such records must be made available for audit, inspection, review, and/or copying at no additional cost to DOL. DOL has the right to audit Requestor at any time, at Requestor's expense, to verify that Requestor is complying with all data security and permissible use requirements herein.
15. **SEVERABILITY:** If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this Agreement, and to this end the provisions of this Agreement are declared to be severable.
16. **WAIVER:** The omission of either Party to exercise its rights under this Agreement does not preclude that Party from subsequent exercising of such rights and does not constitute a waiver of any rights under this Agreement, unless stated as such in writing, and signed by an authorized representative of the Party.