

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

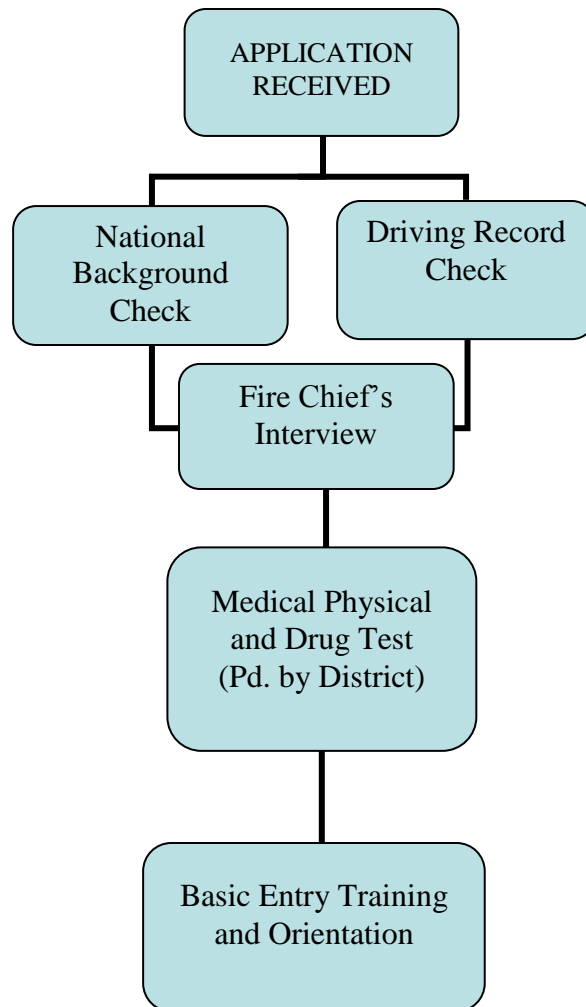
www.pcfdl.org
www.facebook.com/PacificCountyFireDistrict1

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 Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i></p> <p style="text-align: center;">X</p>	
Date and place (city or county) signed	Authorized representative signature

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p> <p style="text-align: center;">X</p>		
Signature		Date