



ESTACADA RURAL FIRE DISTRICT NO. 69

D.R.I.V.E.

Dedication · Responsibility · Integrity · Vision · Excellence

ESTACADA RURAL FIRE DISTRICT 69 VOLUNTEER MEMBERSHIP APPLICATION

NAME: _____ Date: _____

Position Applied For: (Mark each that apply)

Volunteer In District Firefighter

These volunteers perform suppression firefighting, emergency medical care, fire prevention duties, and other incident response services from our stations in the City of Estacada and George community. This program requires residency within the Fire District boundaries. This program requires approximately 200 hours of initial training over a six month period. The time commitment for this position is about 16-20 hours each month. Our goal is to maintain 40 In District Firefighters.

Volunteer Out of District Firefighter

These volunteers perform suppression firefighting, emergency medical care, fire prevention duties, and other incident response services from our stations in the City of Estacada and George community. This program is for volunteers that live outside of the Fire District boundaries and requires approximately 200 hours of initial training over a six month period. The time commitment for this position is about 26-30 hours each month. Our goal is to maintain 10 Out of District Firefighters.

Volunteer In District EMS Responder

In District volunteers are members who are physician assistants, registered nurses, EMTs or paramedics that desire to respond on only medical calls. Medical incidents make up about 70% of our calls for service. The time commitment for this position is about 12-14 hours each month. Our goal is to maintain 10 EMS Responders.

Volunteer Out of District EMS Responder

Out of District volunteers are members who are physician assistants, registered nurses, EMTs or paramedics that desire to respond on only medical calls. Medical incidents make up about 70% of our calls for service. The time commitment for this position is about 20-24 hours each month. Our goal is to maintain 10 EMS Responders.

Volunteer Water Tender Operator

The Water Tender Operators provide a specialized service of responding and operating water tender apparatus. This program requires residency within the Fire District boundaries. These volunteers respond to all fires and incidents within and outside of the Fire District in areas where hydrants are not available. This specialized service category is for volunteers that do not desire to maintain the higher training, annual compliance, certification and medical requirements that is required of Volunteer Firefighters. The time commitment for this position is about 6-10 hours per month. Our goal is to maintain 5 Water Tender Operators.

Volunteer Fire Corps Member

Fire Corps volunteers provide support operations on emergency scenes by providing incident rehabilitation services. Additionally, they provide first aid, fire prevention services, public relations and other specialized emergency scene support functions. Our Fire Corps group responds to all working fires as well as other incidents. The time commitment is about 6-10 hours per month. Our goal is to maintain 15 Fire Corps members.

Resident Volunteer Firefighter

Resident Volunteer Firefighters are members who perform suppression firefighting, emergency medical care, fire prevention duties, and other incident response services from our stations in the City of Estacada and George community. This program requires residency at one of two Fire Stations. We have three positions at our station in the community of George and two positions at our Main Station. Housing is provided at no cost in exchange for providing staffing by living at a fire station. Minimum requirements are NFPA Firefighter 1, Haz-Mat First Responder Operations, and Wildland Interface Firefighter Type II for our Main Station. Additional EMT-Basic or higher and NFPA Pumper Operator are required for residency at our George Community Fire Station.

Office Use Only

Date Received: _____

Received By: _____

ESTACADA RURAL FIRE DISTRICT 69 VOLUNTEER MEMBERSHIP APPLICATION

P.O. BOX 608
ESTACADA, OREGON 97023
(503) 630-7712

Estacada Rural Fire District No. 69 makes its volunteer recruitment decisions without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, or mental or physical handicaps unrelated to job performance.

It is the District's policy to comply with the provisions of the Immigration Reform and Control Act of 1986 and to recruit only authorized volunteers. If you are hired, you will be asked to provide verification of your eligibility. The types of verification required may change from time to time as federal regulations are promulgated or amended. Your volunteer services will not be continued if you are unable to or are unwilling to provide the verification requested by the District.

Estacada Rural Fire District No. 69's pre-entry and physical agility examination has been developed due to the complexity and changes of the Fire Service as we know it today. In addition, there are many mandated certification and skill levels that the Fire District must assure that all members attain. Many of these mandates or standards are established by Federal and State laws, Accident Prevention Division, OSHA, National Fire Protection Association and the Oregon State Fire Marshal's Office.

This pre-entry test and physical agility test will assist the Fire District in assessing your success in the numerous certification and task levels you will be expected to achieve as a Volunteer member of the Estacada Rural Fire District.

This application will be considered only for the specific job applied for. If you desire to be considered for a position at a future time, you must file a new application.

Name: _____

Date: _____

Social Security No.: _____

Telephone: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Driver's License No. : _____ State issued: _____ License Class: _____

Are you over 18 years of age? Yes, No

Have you ever worked or volunteered for the District before? Yes, No

If so, list the beginning and ending dates worked: _____, _____

Position(s) held: _____

Have you ever worked or volunteered for another Fire or EMS agency? Yes, No

If so, list the beginning and ending dates worked: _____, _____

Position(s) held: _____

Do you have any relatives, either by blood or marriage, who currently work for the District, volunteer for the District, or who are members of the board of directors of the District?

Yes, No

If yes, give their name(s): _____

Please describe any education, training, qualifications, hobbies, or skills that you think are relevant to the position for which you are applying.

Motivation

In an effort to assist us in understanding your motivation to be a volunteer for Estacada Rural Fire District No. 69, please answer the following questions: *(Check all that apply)*

How did you hear about us?

- | | | |
|--|--|---|
| <input type="checkbox"/> News Paper Ad | <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Contact with a member | <input type="checkbox"/> Fire Prevention Paper | <input type="checkbox"/> Sign or Banner |
| <input type="checkbox"/> Interest Card | <input type="checkbox"/> Brochure | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other: _____ | | |

Who Referred You: _____

Tell us why you would like to be a volunteer?

Previous Work Experience

Please list all employment and any periods of unemployment for the last 10 years, beginning with the most recent employment; attach additional sheets if necessary.

May we make inquiries of your current employer? Yes; No

1. Company Name: _____ Telephone No. (_____) _____ Company Address: _____ Immediate Supervisor's Name: _____ First Date Employed: _____; Last date employed: _____ Position(s) Held: _____ Job Responsibilities, Equipment Operated: _____ _____ Reason for Leaving: _____

2. Company Name: _____ Telephone No. (_____) _____ Company Address: _____ Immediate Supervisor's Name: _____ First Date Employed: _____; Last date employed: _____ Position(s) Held: _____ Job Responsibilities, Equipment Operated: _____ _____ Reason for Leaving: _____

3. Company Name: _____ Telephone No. (_____) _____ Company Address: _____ Immediate Supervisor's Name: _____ First Date Employed: _____; Last date employed: _____ Position(s) Held: _____ Job Responsibilities, Equipment Operated: _____ _____ Reason for Leaving: _____

Background Investigation
(Required by OAR 259-008-0015)

Criminal History and Arrests

Please list any criminal convictions including traffic infractions. Include nature of offense leading to the conviction(s), date of conviction(s), and sentence(s) imposed. Use additional sheets as needed. You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of the circumstances, such as: the nature of the crime, the timelines of the conviction, and the type of work involved.

Drug and Alcohol Use

Do you currently use illegal drugs? Yes; No

If you do. what illegal drugs do you currently use? _____

Have you ever used illegal drugs? Yes; No

If so, When was the last time you used illegal drugs? _____

Do you drink alcohol? Yes; No

Education Verification

(Please attach copies of your High School Diploma or GED and any College Degrees)

High School: _____ Diploma: Yes No G.E.D.: Yes No

List Colleges or Trade Schools attended following high school:

SCHOOL	FROM/TO	FIELD OF STUDY	CREDIT	DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Military History Verification

Have you served in the Military? Yes No If so which branch: _____

If you served in the military please attach a copy of your DD-214

References

List three persons other than relatives or previous employers who have known you longer than one year. Do not include any person who lives in your household.

Personal References: (please list three)

Name	Address and Phone	Occupation

Professional References: (please list three)

Name	Address and Phone	Occupation

Social Media

Do you use Social Media? Yes No

If so please list the web addresses to your social media pages below:

Volunteer Declaration

I, _____, by signing this document do declare that if I am selected as a volunteer member of the Estacada Rural Fire District No. 69 I do so as a service to the community and do not expect compensation for service rendered.

Signed: _____ Witness: _____

Dated this _____ day of _____, 20____

Authorization

In submitting this application (and attached resume, if any), I authorize the investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application (or attached resume, if any) may result in cancellation of the application and/or separation from the District's service. I affirm that all information in this application is truthful. I agree that I will undergo a physical examination at the District's expense if requested by the District, and that a physical examination may include a drug screen. I agree that if I do not maintain active volunteer membership for the first year, I may be responsible for any costs associated with testing, physical examinations, background checks, training and administrative fees.

In consideration of any volunteer position, I agree to conform to the rules and regulations of the District. My volunteer position can be terminated, with or without cause, and with or without notice, at any time, at the option of either the District or myself. I understand that no representative of the District except the fire chief or the board of directors has the authority to enter into any agreement for any specified time or to make any agreement contrary to the foregoing. I certify I have read all of this application and the information I have provided above is true and correct.

Date: _____ **Applicant's Signature:** _____
(Sign in front of Notary)

Acknowledgment

(This application can be notarized for free at the Fire District Administration Office during normal business hours)

State of OREGON

County of _____

Signed and sworn to (or affirmed) before me this _____ day of _____, 201____,

By _____.

Notary Public – State of Oregon