

OFFICE USE ONLY
DATE RECEIVED



929 S GARFIELD ROAD AIRWAY HEIGHTS WA 99004
PHONE (509) 244-2425 FAX (509) 244-2421
www.scf10.org

VOLUNTEER FIREFIGHTER OR SUPPORT SERVICE APPLICATION

Dear Applicant:

Thank you for your interest in joining Spokane County Fire District 10. You must complete all sections of this application. Please print clearly or type the required information using black or blue ink.

PROGRAM INTEREST				
Please mark the program you are interested in providing volunteer service with:				
<input type="checkbox"/> Traditional Volunteer Firefighter				
<input type="checkbox"/> Support Services Volunteer				
<input type="checkbox"/> Reserve Volunteer Firefighter				
<input type="checkbox"/> Resident Volunteer Firefighter				
PERSONAL INFORMATION				
First, Middle, Last				
Address:				
City:		State:	Zip:	
Primary Phone:				
Email Address				
Driver's License Number:		State:		
Are you over 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn of this opportunity to provide volunteer services?		<input type="checkbox"/> Website <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Open House <input type="checkbox"/> Other		
IN CASE OF EMERGENCY NOTIFY				
Name:				
Phone:				
Relationship:				
MEDICAL CONDITIONS				
List any allergies or other conditions that could affect emergency treatment:				
List physical or health restrictions that could limit effectiveness as a firefighter:				

EDUCATIONAL BACKGROUND										
High School										
Graduated?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		If not, GED?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Name School(s) Attended:						City/State:				
College or Vocational School										
Graduated?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Major:				
School(s) Attended:						City/State:				
EMPLOYMENT HISTORY (List 3)										
List most recent employer first. Include fire and/or U.S. Military Service and volunteer service if applicable. If employment was under a different name, please indicate name.										
Employer:						Description of Duties and/or Responsibilities:				
Supervisor:										
Address:										
City:										
State:		ZIP Code:								
Telephone:										
Position(s):										
Dates of Employment:				to						
Reason for Leaving:										
Employer:						Description of Duties and/or Responsibilities:				
Supervisor:										
Address:										
City:										
State:		ZIP Code:								
Telephone:										
Position(s):										
Dates of Employment:				to						
Reason for Leaving:										
Employer:						Description of Duties and/or Responsibilities:				
Supervisor:										
Address:										
City:										
State:		ZIP Code:								
Telephone:										
Position(s):										
Dates of Employment:				to						
Reason for Leaving:										
<i>If you wish to include additional experience, please attach the above information for each position on a separate sheet of paper.</i>										
REFERENCES										
List three (3) non-family references:										
Name:						Relation:				
Phone:						E-Mail Address:				
Name:						Relation:				
Phone:						E-Mail Address:				
Name:						Relation:				
Phone:						E-Mail Address:				

QUALIFICATIONS, SKILLS, & TRAINING

List any Fire/Rescue, EMS, and/or emergency management certifications you currently hold. Include expiration dates and certifying state, department, or agency. Please attach copies of your certifications to this application.

Certification	Certifying State/Department/Agency	Expiration Date

List any special qualifications, skills, certificates, training and/or licenses you hold.

CERTIFICATION & AGREEMENT

**This statement must be signed.
Please read the following statement carefully before signing.**

I understand that any information contained within this application may be verified and that all information obtained as a result of this application is confidential and will be used only for the purpose of determining membership. I understand that if I am accepted by Fire District 10, I may be subjected to drug and/or alcohol testing and/or physical examinations. I agree to keep Fire District 10 informed as to any changes of the information contained in this application (change of address, phone, convictions, traffic violations, etc.) I also understand that false statements or omissions of information will make this application void and may terminate my membership.

Applicants receiving a conditional offer of employment will be required to undergo and successfully pass a criminal background check. Criminal convictions are not an automatic bar to employment with Spokane County Fire Protection District 10. Considerations include, but are not limited to, the nature of the conviction, when the event occurred, and the relationship between the position applied for and the type of crime.

_____ Signature of Applicant	_____ Date
_____ Printed Name of Applicant	

YOUR APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL THE FOLLOWING DOCUMENTS ARE RECEIVED:

- Completed application including copies of certifications
- Notarized Authorization to Release Information Form
- Letter of Recommendation
- [Driver's Abstract](#) less than 3 months old

See cover sheet for additional information



AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern,

I authorize you to furnish Spokane County Fire Protection District #10 with any and all information that you have concerning me, my work record and my reputation, not prohibited by the Washington State Law against Discrimination RCW 49.60 and regulations concerning Fair Pre-Employment Inquiries. This will include a criminal background check.

Information of a confidential or privileged nature may be included. Your reply will be used to assist Fire District 10 in determining my qualifications and fitness for the position I am seeking with the Fire District.

I further understand that the District may, from time to time, request an updated driving and/or criminal background check and that I am required to inform the District of any driving changes including violations

I hereby release you, your organization and others from any liability or damage, which may result from furnishing the information requested. Please consider copies of this document to have the same power of authorization as an original document.

_____ Date of Birth

_____ Social Security Number

_____ Print Name

_____ Signature

_____ Date

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

Notary Public in and for the State of Washington Residing at
Spokane