

GRAYS HARBOR FIRE DISTRICT #10

4660 Wishkah Road, Aberdeen, WA 98520

Phone: 360-533-5773 FAX: 360-532-1607

APPLICATION FOR VOLUNTEER MEMBERSHIP

Grays Harbor Fire District #10 is an equal opportunity agency. It is the policy of Fire District #10 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 Grays Harbor Fire District #10 must live within the district and be able to respond within a reasonable time.

Please Type or Print

Date: _____

Name: _____ Phone No. () _____

Mailing Address: _____ State: _____ Zip: _____

Physical Address: _____ Phone No. () _____

City: _____ State: _____ Zip: _____

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 _____

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 training: _____

GENERAL

Do you have any physical, sensory or mental handicaps that would hamper your performance in the job for which you are applying? 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 _____

If yes, give a brief explanation _____

Have you ever been convicted of abusing a child, developmentally disabled person or vulnerable adult?

Yes _____ No _____

If yes, give a brief explanation _____

DRIVERS LICENSE INFORMATION

You must have a valid driver's license. *(Please provide a copy of your driver's license.)* Please complete the attached "Disclosure and Release" form authorizing GHFD#10 to conduct a motor vehicle check.

Driver's license #: _____ State _____ Expiration date: _____ / _____ / _____

REFERENCES

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

<u>Name:</u>	<u>Address:</u>	<u>Phone:</u>
_____	_____	_____
_____	_____	_____

I understand that before being accepted as a volunteer with Grays Harbor Fire District #10, I must complete a physical exam and drug test with my personal physician. I am aware that there is a one year probationary period during which time certain participation and training requirements must be met.

By my signature below I give permission to GHFD#10 to conduct the required background checks including a police records check and driver's check.

Signed: _____ Date: _____ / _____ / _____

FOR OFFICE USE ONLY

Date Application Received: _____

Background Investigation: Pass: _____ Fail: _____

Oral Interview – Accepted _____ Rejected: _____ By: _____

Written Exam: Pass _____ Fail _____ Physical Ability Exam: Pass _____ Fail _____

Training Officer: _____ Date: _____

Medical Physical Exam: Pass _____ Fail _____ By: _____

To Be Completed By the Chief or Designee

I hereby certify that _____ became an active member of Grays Harbor Fire District #10 on _____.

Signature: _____ Date _____
Chief/Designee