

**TEHAMA COUNTY
VOLUNTEER FIRE DEPARTMENT**

Company: _____

Notice to new applicants for Volunteer Firefighter.

The following steps must be completed **prior to becoming** an active Volunteer Firefighter for the Tehama County Fire Department.

Applicants Name: _____

Address: _____

City: _____ Phone: _____

Step 1 _____ Chief & Company approves application.

Step 2 _____ Initiating DMV check. Received on _____.

Step 3 _____ Live Scan – Date: _____ Time: _____
Cleared Date: _____ Not Cleared Date: _____

Step 4 _____ Battalion Chief approves application and DMV report.

Step 5 _____ Schedule Appointment for County Physical

Physical Date: _____ Time: _____ With: _____
Cleared Date: _____ Not Cleared Date: _____
Fit Test Date: _____

Step 6 _____ Safety clothing (**fitted**).

Step 7 _____ Satisfactorily completes 32 hour Basic OPS.

_____ Satisfactorily completes 24 hour Haz-Mat course.

_____ Satisfactorily completes 6 hour Communicable Disease

Step 8 _____ **ACTIVE** – Volunteer contacted by: _____
(Phone, Email, Mail)

Step 9 _____ Emailed TGU/TCFD to advise of active status.

I, the undersigned, have read and understand **that all 9 steps must be completed** before I may participate on any calls.

Signature: _____

Date: _____

TEHAMA COUNTY FIRE DEPARTMENT
VOLUNTEER FIRE FIGHTER APPLICATION

(Please Print or Type)

Name: _____
Last First Middle Initial

Residence Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Are you at least 18 years of age or older? Yes _____ No _____

Phone Number: _____
Home Number Work Phone

Occupation: _____ Normal Work Hours: _____

Employer: _____

Do you have any previous fire fighting or emergency medical care experience? Yes No

(If "Yes" please explain) _____

Do you have a current Class C License? Yes No

Note: Do not answer the following question unless you have read the requirements of the job for which you are applying (obtained by reviewing applicable classification specification).

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential functions required for a volunteer firefighter position? A review of activities involved in such a job or occupation has been provided. Answering 'No' does not necessarily preclude you from being selected as a volunteer Fire Fighter if reasonable accommodations can be made per applicable State and Federal laws. Yes No

Applicant's Signature: _____ Date: _____

Vol. Fire Chief Approval: _____ Date: _____

Approved: Yes No Date: _____ Battalion Chief's Signature: _____

Approval by Quorum of Volunteer Members: Yes No Date: _____

Interview Board Approval: Yes No Date: _____

Interview Board Members:

Name	Title	Date Volunteer Was Interviewed
_____	_____	_____
_____	_____	_____
_____	_____	_____

TEHAMA COUNTY FIRE DEPARTMENT
VOLUNTEER AGREEMENT

VOLUNTEER

Name: _____

Address: _____

Telephone: () _____

BATTALION CHIEF

Name: _____

Telephone: () _____

VOLUNTEER CHIEF

Name: _____

Telephone: _____

As assigned by the above named supervisor, I _____ will comply with all policies, procedures, rules, regulations, directives, and instructions provided. I will conduct myself in accordance with those standards set forth for regular Department employees. I understand and agree to the following policies and conditions.

I will earn no salaries or wages, and will not be entitled to unemployment benefits upon the termination of this agreement as a result of this employment.

I will be covered under Tehama County worker's compensation carrier.

I may use county equipment and supplies, including safety equipment, when directed.

I understand that my appointment as a volunteer is not effective until I have completed the volunteer application process.

I understand I will serve as a volunteer firefighter.

Each individual has the right to review their personal information maintained by this department, unless the law exempts access.

I, the undersigned, have read and understand the job and physical standards of the Tehama County Fire Department.

Signed

Date



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

**AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION**

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE OF EMPLOYEE
X

I, _____, of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.

HEPATITIS B VACCINE ELECTION/DECLAINATION

I understand that due to my occupation exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself.

- I have previously had the Hepatitis B vaccination.
- I elect to have the Hepatitis B vaccination
- I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

PRINTED NAME

SIGNATURE

DATE



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

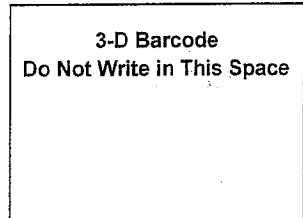
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
<ol style="list-style-type: none"> 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 		<ol style="list-style-type: none"> 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 		<ol style="list-style-type: none"> 2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
<ol style="list-style-type: none"> 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> 3. School ID card with a photograph 		<ol style="list-style-type: none"> 3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
<ol style="list-style-type: none"> 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 4. Voter's registration card 		<ol style="list-style-type: none"> 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
<ol style="list-style-type: none"> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 		<ol style="list-style-type: none"> 5. Native American tribal document
<ol style="list-style-type: none"> 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 6. Military dependent's ID card 		<ol style="list-style-type: none"> 6. U.S. Citizen ID Card (Form I-197)
		<p>For persons under age 18 who are unable to present a document listed above:</p>		<ol style="list-style-type: none"> 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		<ol style="list-style-type: none"> 7. U.S. Coast Guard Merchant Mariner Card 		<ol style="list-style-type: none"> 8. Employment authorization document issued by the Department of Homeland Security
		<ol style="list-style-type: none"> 8. Native American tribal document 		
		<ol style="list-style-type: none"> 9. Driver's license issued by a Canadian government authority 		
		<ol style="list-style-type: none"> 10. School record or report card 		
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 		
		<ol style="list-style-type: none"> 12. Day-care or nursery school record 		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
 4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
 5. Sign and date the attestation on the date Section 2 is completed.
 6. Record the employer's business name and address.
 7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

**The following steps must be completed prior to becoming a
Tehama County Volunteer Firefighter:**

Application Process:

1. Complete volunteer application and return to Tehama County Fire, 604 Antelope Blvd., Red Bluff, CA 96080
2. The volunteer Chief and company in your area approve your application (Allow approximately 1-2 weeks).
3. A driver's license/DMV check will be initiated. (Allow approximately 1-2 weeks.)
4. A Live Scan Fingerprinting with the Tehama County Sheriff Department will be scheduled..
5. The Battalion Chief reviews your application, DMV report and Live Scan.
6. If the Battalion Chief approves your application, a physical/RPP appointment will be scheduled with ROMC (Redding Occupational Medical Center). You will be notified of the date and time.

If you can not make the appointment that has been scheduled for you, you will need to contact the training secretary at 528-5199 to reschedule.
7. Once the physical is cleared you will be fit tested for the Self Contained Breathing Apparatus (SCBA)
8. After the steps above have been completed, you and the Company Chief will be sent a letter stating you are "Training Active" and have been placed on the insurance roster.
9. **The 32-hour Basic Operations and 24-hour Hazardous Materials and 4-hour Communicable Disease classes are required prior to becoming a responding "active" volunteer. In the interim you will be "training active".**
 - Please contact the training department at **530-528-5199** for the next available class schedule.
 - Contact the unit FLO at the above number to make an appointment to be fitted and to receive your gear and pager.
10. Once you have passed your physical/RPP and successfully completed the 32-hour Basic Operations, the 24-hour Hazardous Materials and the 4-hour Communicable Disease training classes, we will send you and your Chief a letter stating that you are an active volunteer.

Note: If volunteers do not pass the Basic Operations class all gear must be turned in to the instructor prior to leaving class.

Additional Application Approval Information:

IMPORTANT:

You must be in contact with the Volunteer Chief of the company you will be participating in. They will inform you of any further information you may need to complete the application process

Mandated Tehama County Volunteer Firefighter Training:

In addition to the Basic Operations class and the Hazardous Materials class, you are also **required** to attend the following classes **within one year** of becoming an active volunteer.

- 20-hour Public Safety First Aid/ (Full Class)
- 8-hour C.P.R. (Full Class)

TCFD Volunteers are Required to Attend Annual Training to Remain an Active Member:

You must also keep your re-certifications and your yearly RPP review current to continue being an active member of the Tehama County Fire Department.

- 4-hour Public Safety First Aid (Recert)
- 2-hour Communicable Disease Awareness (Recert)
- 4-hour C.P.R. (Recert)
- 8-hour Hazardous Materials FRO (Recert)
- RPP Annual Review (physical will be at discretion of ROMC after review of your Medical questionnaire).

Training Required to Become a Tehama County Fire Department Driver/Operator:

- Pass DMV Fire Fighter exempt written Exam
- Complete Emergency Vehicle Operation Course
- Complete Pump Operations Course

TEHAMA COUNTY FIRE DEPARTMENT

VOLUNTEER FIRE FIGHTER

BASIC FUNCTION: Under supervision, as a member of a volunteer fire company, to perform the full range of fire fighting duties in suppression of vehicle, building, improvement and vegetation fires, as well as other related emergencies. Assist in building, grounds and equipment maintenance.

REPRESENTATIVE DUTIES:

1. *Responds to alarms as a member of a volunteer fire company on such fire apparatus as water tenders, fire engines and squads.
2. *Assists in moving heavy or awkward objects such as an injured or unconscious person.
3. *Connects, lays and operates hose lines.
4. *Enters burning areas and structures with charged hose lines.
5. *Operates and climbs ladders.
6. *Makes forcible entry into buildings.
7. *Uses hand tools and fire equipment to contain and suppress fires.
8. *Assists in rescue and salvage operations as a crewmember of a rescue truck/squad.
9. *Responds to medical emergencies, such as, vehicle accidents, heart attacks, etc.

SPECIAL REQUIREMENTS: Requires a valid class "C" California driver's license.

REQUIRED TRAINING: Prior to responding to incidents: 24 hours Hazardous Materials and 32 hours Basic Operations. During first year: 20 hours Public Safety-First Aid, 4 hours Communicable Disease and 8 hours CPR.

EQUIPMENT USED: Dry charge extinguisher, back pumps, fire hose, hard hats, turnout coats, pants and boots, goggles and gloves, fire engine and pump, flashlight, shovel, McLeod tools, fire axe, tow chain, extension ladder, roof ladder, jack, and tools, bolt cutters, breathing apparatus, safety lines and other fire and rescue equipment.

KNOWLEDGE AND ABILITIES: Ability to respond quickly to oral and written commands or signals in emergency situations.

WORK DIRECTION, LEAD AND SUPERVISORY RESPONSIBILITIES: Not applicable.

CONTACTS: Department personnel, other County employees, CDF employees and other County volunteers.

PHYSICAL EFFORT: Requires the ability to exert a considerable amount of force occasionally to lift, carry, push, pull, or otherwise move objects and to stoop, crouch, climb and lift in performance of manual labor; to operate a variety of tools, equipment and vehicles used in performance of daily tasks. Requires the ability to maintain effective audio-visual discrimination and perception required for making observations and communicating with others.

WORKING CONDITIONS: Tasks require frequent and/or constant exposure to above average noise, extreme temperatures, electrical currents, hazardous materials, harsh chemicals/cleaning agents, fumes/smoke, adverse weather conditions, equipment and vehicle hazards, etc.

Physical Standards for Tehama County Volunteer Fire Fighter

Equipment Used: Dry charge extinguisher, back pumps, fire hose, hard hats, turnout coats, pants and boots, goggles and gloves, fire engine and pump, flashlight, hand tools to include but no limited to; shovel, McLeod, Pulaski, fire axe, tow chain, extension ladder, roof ladder, jack, bolt cutters, breathing apparatus, safety lines and other fire and rescue equipment.

Environmental Conditions: Work is performed both indoors and outdoors in both quiet and noisy environments (such as highway traffic, sirens, voices raised in conversation and radio transmissions) with occasional work performed in cramped confined spaces. Temperature extremes vary depending on seasonal exposure (from 0 degrees Fahrenheit to 120 degrees Fahrenheit depending of season fluctuations). There is exposure to body fluids and infectious agents including bloodborne and airborne pathogens, which can produce chronic diseases or death. There exists a potential for exposure to toxic fumes such as those found in smoke from burning buildings; dust and airborne particles, windy conditions while working outdoors; environmental allergens such as *poison oak, dust grasses, insect bites); sunshine for extended period of time, functioning under limited lighting conditions in the middle of the night in isolated areas. Equipment used and tasks performed present risk of body injuries (lacerations, sprains, strains, and contusions).

Mental Requirements: The following mental abilities are required: Alertness, concentration, judgement, patience, memory, and ability to work effectively in high stress and emergency situations where immediate action is required. Respond quickly to oral commands or signals in emergency situations sufficient to operate tools and equipment listed above.

Physical Demands:

VISION: Visual acuity (Snellen) of not less than 20/100 without correction. Corrected to not less than 20/30 in one eye.

Normal vision acuity; peripheral vision greater than 45 degrees on either side; normal eye exam with no abnormalities; requirement to pass a depth perception test, if candidate has monocular vision, this condition shall pre-exist for a minimum of 6 months prior to eye examination.

Color vision sufficient to successfully perform the job as measured by the Ishihara Pseudo-Chromatic Plate test. For persons failing the Ishihara, the Farnsworth D-15 Arrangement Test.

HEARING: Adequacy within normal speech frequencies (uncorrected).

DEXTERITY AND COORDINATION: Normal use of both hands and feet sufficient to operate tools and equipment listed above. Work safely with others.

PHYSICAL STRENGTH: Must have muscle strength to lift 100lbs. Ability to climb ladders, up and down hills as a result of uneven terrain.

***OTHER:** No more than mildly susceptible to poison oak.
