



OFFICE USE ONLY	
Date Received:	_____
Time Received:	_____
Initials:	_____

COLUMBIA RIVER FIRE & RESCUE APPLICATION FOR VOLUNTEER SERVICE

Please Type or Print

This is not an employment application. This is an application for volunteer service with Columbia River Fire & Rescue. At its own expense, the Fire District will arrange for a surety bond for each of its volunteers. Unless the applicant's background is acceptable to a surety company (not relative to race, color, religious creed, national origin, sex or ancestry), it will be difficult to secure this bond and we may be unable to utilize your services.

Type of Volunteer Service:
<input type="radio"/> Volunteer Firefighter
<input type="radio"/> Support Services Volunteer
<input type="radio"/> Volunteer EMT/EMR

Applicants must include a copy of your resume, if applicable, educational certificates, and a copy of your driver's license.

GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from street address)	CITY	STATE	ZIP CODE
CELL PHONE	ALT PHONE	EMAIL ADDRESS	
DRIVERS'S LICENSE #	STATE	EMERGENCY MEDICALTECHNICIAN CERTIFICATION # & LEVEL	
MILITARY SERVICE LEVEL	BRANCH	RANK	STATUS DATE OF DISCHARGE

EDUCATION – List education high school, trade schools, and college

NAME/LOCATION	YEARS ATTENDED	GRADUATED	MAJOR

EMPLOYMENT (Provide information for at least the past ten years)

CURRENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME	PHONE #	

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME	PHONE #	

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME		PHONE #

NEXT MOST RECENT EMPLOYER	ADDRESS	POSITION
EMPLOYED FROM/TO		
SUPERVISOR'S NAME		PHONE #

PERSONAL/PROFESSIONAL REFERENCES (Not Relatives)

NAME	ADDRESS	PHONE #	YEARS KNOWN

1. Do you speak any foreign languages? _____

2. Please describe any physical condition that might limit your performance: _____

3. Have you ever been convicted of a criminal offence? Yes No
 *An affirmative answer will not automatically disqualify you from consideration

a. If yes: Date: _____ Place: _____

b. Nature of Offense: _____

4. Volunteer Service Work with CRF&R requires many hours of initial training, plus regular or weekly training to maintain skills. You may also be expected to respond at any hour, seven days a week. Do you have any commitments or other responsibilities that would prevent you from meeting these requirements?

Yes No

a. If yes, please describe: _____

5. Please list any special skills or qualifications that may be useful to you or the fire district as a volunteer:

PLEASE READ BEFORE SIGNING

STATEMENT OF TRUTHFULNESS OF APPLICANTS FACTS

I hereby certify that the information given by me on this application is to the best of my ability true and accurate. I understand that this application contains the minimal amount of information needed to verify my qualifications for the position. If accepted, I will be requested to supply additional information necessary to begin my service file. I further understand that any misrepresentation or omission of information called for in this application is cause for cancellation of this application and/or dismissal from volunteer service.

Signature: _____ **Date:** _____

AUTHORIZATION TO RELEASE INFORMATION

I _____, have made application for volunteer service with the Columbia River Fire and Rescue. I hereby authorize Columbia River Fire and Rescue and/or its agents to verify the information given by me on this application. I understand that the Fire District or its agents may contact my former employers, my current employer, law enforcement agencies, State and Federal Agencies and departments, educational institutions, and private business corporations that I have referred to on my application. I further understand that the Fire District and its agents will use this verification process in a confidential manner.

Signature: _____ **Date:** _____