

PEND OREILLE FIRE DISTRICT 4



VOLUNTEER APPLICATION PACKET

Dear Prospective Member,

Thank you for your interest in joining Pend Oreille Fire District 4. The list below outlines the process of becoming a member of our team:

1. Complete and return the attached application,
2. Background check,
3. Approval by District Officers,
4. Meeting with Captain Knaack,
5. Application approval by the Board of Commissioners,
6. Pass a medical exam, obtain a Hepatitis B vaccination (optional), and pass a physical agility test.

After you have completed these steps, you will begin your ongoing training in fire suppression, emergency medical services, and related topics. Training will consist of meetings on the second, third and fourth Tuesday of each month at 18:45 hours. You will be allowed to respond to calls while receiving your training and function within the current scope of your abilities. This is important in that our department provides a role for every member and we take every opportunity to learn.

Additionally, you will be attending our annual recruit academy for structural firefighting that takes place each fall. Once this training is complete, you will be qualified to participate in fire suppression activities.

Following the structural firefighting academy, you will also have the opportunity to attend Emergency Medical Technician class during the winter and wildland firefighter training in the spring. This training is important for our volunteers as we see multiple wildland fires annually.

Thank you for your interest in Pend Oreille Fire District 4 and please do not hesitate to contact me directly with any questions you may have.

Sincerely,

Nick Knaack
Captain, POFD 4
509-447-2476 Office

208-946-9032 Cell



Pend Oreille Fire District 4 Volunteer Membership Application

11 Dalkena Street
Newport WA, 99156
509-447-2476
pofd4.org

Date: _____ Position Applying For: _____

Personal Information

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____
Home Cell Work

Email Address: _____ Social Security Number: _____ - _____ - _____

Drivers License State/Number: _____/_____

Restrictions/Endorsements: _____

Traffic Citations: _____

Felony Convictions: _____

Education

High School Diploma: Yes: _____ No: _____ GED: Yes: _____ No: _____

College Degree: Yes: _____ No: _____ Area of Study: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____
 Home Cell Work

Health Information

Physician: _____ Phone: _____

Allergies: _____

Physical restrictions, limitations or disabilities:

Employment History

Present Employer: _____ Occupation: _____

Phone: _____ Supervisor: _____ Start Date: _____

Previous Employer: _____ Occupation: _____

Phone: _____ Supervisor: _____

Start Date: _____ End Date: _____

Previous Employer: _____ Occupation: _____

Phone: _____ Supervisor: _____

Start Date: _____ End Date: _____

Previous Employer: _____ Occupation: _____

Phone: _____ Supervisor: _____

Start Date: _____ End Date: _____

Firefighter/EMS Training or Experience

References

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____
 Home Cell Work

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____
 Home Cell Work

CERTIFICATION

I hereby certify that the answers given in this application are true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Official Use Only

Accepted **Not Accepted**

Chief Signature: _____

Pend Oreille Fire District 4 welcomes all potential volunteers and is an Equal Opportunity Organization.

Parent/Guardian Permission Form

Any member under the age of 18 must have written parent/guardian permission to join and operate with Pend Oreille Fire District 4. Pursuant to SOP #JD-008, Job Description for a Volunteer Firefighter, all members of the District may be exposed to or requested to execute the following:

- Participate in fire and EMS training and rescue procedures
- Riding in and potential operation of POFD 4 vehicles
- Lifting, moving and operating heavy power tools, fire hose, and appliances
- Wearing and using appropriate personal protective equipment and breathing apparatus
- Moving, raising and climbing fire service ladders
- Operating on fire, medical and rescue scenes for long periods of time, requiring sustained physical activity and intense concentration
- Exposure to infectious patients
- Lifting and moving patients
- Ability to represent the District in a professional manner at all times

I, _____ hereby consent to the membership of my son/daughter _____ with Pend Oreille Fire District 4. I realize that he/she shall be performing the duties of a Volunteer Firefighter, including but not limited to the duties listed above. Furthermore, I understand that while serving as a Volunteer Firefighter of Pend Oreille Fire District 4, he/she will be provided insurance coverage under the current program offered by the District which is subject to those terms and conditions. This coverage will be provided at no charge to the member.

Signature: _____

Date: _____

If you have any questions regarding this form, please contact the Chief of POFD 4 prior to signing this document.



Pend Oreille Fire District 4
Authorization for Release of
Information

I hereby authorize Pend Oreille Fire District 4 to conduct a complete background investigation for the purpose of verifying the information contained in my application and my fitness for the position that I have applied for. I further acknowledge and agree that the District may:

- Contact my past or present employers
- Confirm the status of my driver's license and driving record
- Inquire into any criminal convictions on my record
- Contact any personal references provided
- Verify my educational background and training

I specifically authorize any person, firm or corporation contacted by Pend Oreille Fire District 4 to release any of the above records to the District. Additionally, I waive any privilege of confidentiality I may have with respect to said records.

Dated this _____ day of _____, 20____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ - _____ - _____

Printed Name: _____

Signature: _____