

# **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 a volunteer application.
2. Meeting with a District Officer.
3. Background check.
4. Application approval by the Board of Commissioners.
5. Pass a medical exam and obtain Hepatitis B vaccinations (Optional).

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 every Tuesday evening at 18:30 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 district provides a role for every member and we take every opportunity to train and learn.

Once you are accepted, you will have classes for:

1. Pend Oreille Fire District 4 Orientation
2. CPR/First Aid
3. EVIP Class (for those that drive)
4. Structural Firefighting Academy
5. Wildland
6. EMT
7. Hazmat

Thank you for your interest in serving the Pend Oreille Fire District 4 community. If you require any additional information, please contact me at your earliest convenience.

Sincerely,

Garth Jensen #485

Recruitment Officer, POFD4

11 Dalkena Street

Newport, WA 99156

Office: 509-447-2476

[Garth.jensen@pofd4.org](mailto:Garth.jensen@pofd4.org)

Call or text: 916-952-2001 (Cellular coverage is sporadic in my area)



**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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Drivers License State/Number: \_\_\_\_\_/\_\_\_\_\_

Restrictions/Endorsments: \_\_\_\_\_

Traffic Sitations: \_\_\_\_\_

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: \_\_\_\_\_ 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/EMT Training or  
Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ 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:** \_\_\_\_\_

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**Official Use Only**

**Accepted**       **Not Accepted**

**Chiefs 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 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: \_\_\_\_\_