

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

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 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: _____ 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: _____

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: _____