

South Pend Oreille  
Fire and Rescue

**Volunteer Application Packet**





# South Pend Oreille Fire and Rescue

325272 Hwy 2 Newport, WA 99156

[www.spoifr.org](http://www.spoifr.org)

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Dear Prospective Member:

Thank you for considering South Pend Oreille Fire and Rescue as a place to volunteer. We feel that our organization is one the best Volunteer Emergency Response organizations in the area. At SPOFR, our members are our most important asset. We take a great amount of pride in ourselves and our commitment to serving our community.

In this packet you will find the following material:

- SPOFR Volunteer Member Information Brochure
- Application Form
- Pre-employment screening form
- Guardian Permission form

Please ensure that your packet contains these materials. If you are missing any, please contact our office immediately. To apply for a volunteer position, please complete the following steps:

1. Read the SPOFR Volunteer Member Information Brochure
  - o If you have any further questions about our organization, please contact our office.
2. Fill out all forms included in the packet completely. Incomplete forms can cause a delay in the processing of your application.
  - o Return forms to SPOFR
  - o Take forms to the Fire District Office @ Diamond Lake

Once your application has arrived, we will process it and contact you with further directions. We will put every effort into this procedure to ensure a timely process.

I would like to close by thanking you for considering a volunteer position with South Pend Oreille Fire and Rescue. I look forward to meeting you and hope that you will become one of our valued team members.

Sincerely,

Mark Havener  
Fire Chief

**Diamond Lake Station 31**  
Tel: 509-447-5305  
Fax: 509-447-3121

**Sacheen Lake Station 32**  
509-447-2578

**Deer Valley Road Station 33**  
509-447-1177

**Camden Station 11**  
509-447-5305

**Fertile Valley Station 71**  
509-292-8872



South Pend Oreille Fire and Rescue  
325272 Hwy 2 Newport, WA 99156  
Telephone: 509-447-5305 Fax: 509-447-3121

## Volunteer Member Application

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

### PERSONAL

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

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

Telephone: \_\_\_\_\_  
Home Work Cell

Email address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Washington Drivers License Number: \_\_\_\_\_

**Attach copy of driving record to application (required).**

Restrictions or endorsements \_\_\_\_\_

Traffic Citations in last 3 years \_\_\_\_\_

Felony Convictions in Last 7 years \_\_\_\_\_

Note: Such convictions may be relevant if job related, but does not bar you from becoming a member of our organization.

### EDUCATION

High school Graduate: yes \_\_\_ no \_\_\_ GED \_\_\_ currently in school \_\_\_

College (mark highest year completed): 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ higher\_\_\_

Areas of study: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY NOTIFICATION**

In case of Emergency notify: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical restrictions, disabilities or limitations: \_\_\_\_\_

Such restrictions may be relevant if job related, but does not bar you from becoming a member of this organization.

**PRESENT EMPLOYMENT**

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years There: \_\_\_\_\_ Shift: \_\_\_\_\_

**EMPLOYMENT HISTORY**

1. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

2. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

**FIREFIGHTER TRAINING / EXPERIENCE (attach relevant certifications)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMS TRAINING / EXPERIENCE**

***Training***

None \_\_\_\_\_ Prior Training (Expired) Level: \_\_\_\_\_ Date Expired; \_\_\_\_\_

Present Qualifications

- Basic First Aid
- Advanced First Aid
- First Responder
- EMT – State: \_\_\_\_\_
- Paramedic
- RN / LPN
- Other \_\_\_\_\_

Expires: \_\_\_\_\_

***Experience***

None \_\_\_\_\_ Field EMS \_\_\_\_\_ ER \_\_\_\_\_ Other \_\_\_\_\_

**REFERENCES**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CERTIFICATION**

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# South Pend Oreille Fire and Rescue

## Authorization for Release of Information

I hereby authorize **South Pend Oreille Fire and Rescue** 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 or which I may be engaged. I further acknowledge and agree that the district may:

- Contact my present or former 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 **South Pend Oreille Fire and Rescue** to release any of the above records to the District and waive any privilege of confidentiality I may have with respect to said records.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Place of Birth: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name Printed \_\_\_\_\_

Signature: \_\_\_\_\_



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## PHOTO RELEASE & CONSENT FORM

I give my permission to be photographed and/or videotaped by the media and representatives of *South Pend Oreille Fire and Rescue* in conjunction with activities associated with any fire district activities including but not limited to volunteer work, training, meeting participation, and public presentations.

I hereby transfer to *South Pend Oreille Fire and Rescue* all copyright and other interests in the photographs and/or videotape taken. I also hereby grant royalty-free permission, including nonexclusive world rights in all languages, to reproduce in all formats including but not limited to print, electronic, and/or CD-ROM, to reproduce for informational purposes by *South Pend Oreille Fire and Rescue*.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's Printed Name)

### Please return this form to:

Chief Mark Havener  
South Pend Oreille Fire and Rescue  
325272 Hwy 2  
Newport, WA 99156  
Phone: 509-447-5305

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# South Pend Oreille Fire and Rescue

## Guardian Permission Form

The following form must be completed for any applicant under the age of 18.

- Participating in training in firefighting and rescue procedures.
- Riding in SPOFR emergency vehicles.
- Carrying and using heavy tools and appliances.
- Using and wearing protective breathing apparatus (approx. 30 pounds).
- Using fire hose and various small tools and appliances.
- Raising and climbing heavy-duty fire service ladders.
- Performing salvage operations at fire scenes.
- Extinguishing fires with extinguishers and/or hose lines.
- Ventilating buildings.
- Carrying and loading patients on stretchers.
- Setting up lights at fire scenes.
- Exposure to infectious patients.

I, \_\_\_\_\_ hereby consent to the participation by my son/daughter \_\_\_\_\_ in the fire and rescue service. I further realize that he/she shall be performing the duties listed above as well as all duties expected of a Volunteer Firefighter. I understand some of the duties may occur on school nights. I understand that, while on duty as a volunteer with the South Pend Oreille Fire and Rescue (SPOFR), he/she shall be covered under insurance provided by the district at no cost to myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Any questions should be directed to the SPOFR Chief Mark Havener @ 509-447-.5305.