

**South Pend Oreille
Fire and Rescue**

Volunteer Application Packet





South Pend Oreille Fire and Rescue

325272 Hwy 2 Newport, WA 99156

www.spoifr.org

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
- Stamped Envelope to Fire District

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.
3. Return forms to SPOFR
 - o Mail using the stamped envelope OR
 - 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,

Mike Nokes

Mike Nokes
Fire Chief



South Pend Oreille Fire and Rescue

325272 Hwy 2 Newport, WA 99156

www.spofr.org

South Pend Oreille Fire and Rescue members are held accountable for an expectation to hold certain values to the department, the membership and the community. It is agreed upon by the department that members shall share these values listed:

- Willing attitude
- Ability to take constructive criticism
- Willing to learn and progress
- Manage stress effectively
- Communicate with each other
- Show leadership when needed
- Complete tasks
- Recognize, learn from and correct mistakes
- Be Professional in appearance
- Adaptable
- Competency
- Respectful of others
- Honesty
- Loyalty
- Team member
- Integrity
- Compassion
- Provide community service
- Dedicated

The members of South Pend Oreille Fire and Rescue will hold each other accountable to these core values. We believe that these values are essential to being a member of SPOFR.



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

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 welcomes all potential volunteers and is an Equal Opportunity Organization.

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: _____

South Pend Oreille Fire and Rescue

Emergency Contact Form

The following information is to be kept in your personnel file at all times. This shall prove beneficial, should something happen to you while serving at the district. Please make sure that all information is accurate and kept up to date.

Parent or Spouse:

Name _____
Address _____
City _____ State _____ Zip _____
Home Telephone Number _____
Work Telephone Number _____

Nearest Relative:

Name _____
Address _____
City _____ State _____ Zip _____
Home Telephone Number _____
Work Telephone Number _____
Relationship _____

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 the provided by the district insurance at no cost to myself.

Signature _____ Date _____

Name _____

Any questions should be directed to the SPOFR 509-447-5305.