

# **South Pend Oreille Fire and Rescue**

## **Volunteer Application Packet**



**[www.spofr.org](http://www.spofr.org)**

Revised: August 2025



## **SOUTH PEND OREILLE FIRE AND RESCUE**

325272 Hwy 2

Newport, WA 99156

Phone 509-447-5305 Fax 509-447-3121

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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 assets. 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:

- ☐ Core Values Statement
- ☐ Application Form
- ☐ Guardian Permission Form
- ☐ Waiver and Hold Harmless Agreement

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. Fill out all forms included in the packet completely. Incomplete forms can cause a delay in the processing of your application.
2. Return forms to SPOFR
  - o Via Email to [Serve@spofr.org](mailto:Serve@spofr.org) OR
  - o Via the mail OR
  - o Take forms to the Fire District Office at 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,

*Shane Stocking*

Shane Stocking

District Chief



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### **CORE VALUES**

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.

### **Minimum Requirements**

All members of South Pend Oreille Fire and Rescue are expected to respond to a minimum 12 calls a quarter and attend a minimum of 12 drills a year. All members are expected to follow and meet the District policy on annual training requirements and maintaining membership active status.



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### **VOLUNTEER MEMBER APPLICATION**

Fill Out Completely Leave NO Blanks Unless N/A

Date: \_\_\_\_\_ Position applying for: \_\_\_\_\_

#### **PERSONAL**

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

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

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email address: \_\_\_\_\_

*Note: With almost 70 members, our primary form of communication is via email. Please check your email during this application process for communication regarding your application status.*

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

Washington Driver's License Number: \_\_\_\_\_

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

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

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

Any Felony Convictions: \_\_\_\_\_

*Note: Such convictions may be relevant if job related, but does not bar you from becoming a member of our organization. If yes attach a detailed letter as to when and why convicted.*

#### **EDUCATION**

High School Graduate: Yes ☐ No ☐ GED ☐ Currently in School ☐

College (mark highest year completed): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Higher

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

\_\_\_\_\_

\_\_\_\_\_

## VOLUNTEER MEMBER APPLICATION

### EMERGENCY NOTIFICATION

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

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

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

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

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

Physical restrictions, disabilities or limitations:

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*Note: 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: \_\_\_\_\_

If not currently employed, explain why: \_\_\_\_\_

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### EMPLOYMENT HISTORY or (Last 2 Jobs)

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

Phone number: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Occupation: \_\_\_\_\_

### FIREFIGHTER TRAINING / EXPERIENCE (Attach relevant certifications)

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## VOLUNTEER MEMBER APPLICATION

### 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
- ☐ None
- ☐ Other: \_\_\_\_\_

#### Experience:

- ☐ None
- ☐ Field EMS \_\_\_\_\_ ER \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

### REFERENCES

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

### 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.

## VOLUNTEER MEMBER APPLICATION

### 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.
- ✓ Verify my Social Security number as authentic

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.

**Full Name ( Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

If a minor

**Signature** \_\_\_\_\_

I understand I have a right to a copy of the background check performed on me during this application process. I understand if I want a copy of said background check and all related documents required by Washington Law, I can notify the Chief of the Fire District and request a copy.

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

## **BACKGROUND INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

Social Security\* #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth\*    \_\_\_\_\_ /    \_\_\_\_\_ /    \_\_\_\_\_  
                                    Month                      Day                      Year

Present Address \_\_\_\_\_

City/State/Zip    \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
                                    City                                      State                                      Zip Code

Previous Address \_\_\_\_\_

City/State/Zip    \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
                                    City                                      State                                      Zip Code

Driver's License #: \_\_\_\_\_                      State of Driver's License\* \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.



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## 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 South Pend Oreille Fire and Rescue 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 insurance provided by the District at no cost to myself.

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

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

Any questions should be directed to the SPOFR Chief.

**RELEASE, WAIVER AND HOLD HARMLESS  
PERMISSION TO PARTICIPATE**

SOUTH PEND OREILLE FIRE AND RESCUE (SPOFR) REQUIRES THIS FORM BE SIGNED BEFORE PARTICIPATION IN THE RECRUIT TRAINING ACADEMY. IF THIS FORM IS NOT SIGNED, YOU WILL NOT BE ALLOWED TO PARTICIPATE. IT IS A WAIVER OF RIGHTS. DO NOT SIGN IF YOU HAVE ANY QUESTIONS.

1. You hereby agree to release, waive and hold harmless South Pend Oreille Fire and Rescue, the Recruit Training Academy, groups assisting in training, instructors, agents, employees, volunteers and contractors (collectively referred to as "SPOFR") from any and all liability arising from participation in any and all of the activities of the Recruit Training Academy.

2. This release waives all claims whatsoever, known or unknown, which may arise by virtue of participation *in* the activity, including injury or death to self, damage to property, however such claim may arise, including but not limited to breaches of duty (such as breach of duty of care) and acts of current or future negligence by SPOFR, their respective officers, employees or agents. This release waives any claims whatsoever against SPOFR arising from the actions of any other participant *in* the activity or any other third party.

3. The undersigned further agrees to defend and hold harmless SPOFR, their respective officers, employees, or agents against any claim, cause, loss, cost or damage whatsoever, including attorney fees, that arises from the above-described activity. This release is specifically intended to indemnify SPOFR from any act of negligence of the undersigned.

4. Participation involves a risk of injury. By signing this form, you represent that you have considered the risks of participation in the activity, have obtained any medical clearance necessary to participate, and are able to participate without harming yourself or others. You represent you will use any program gear and/or equipment with care for yourself, other participants and your surroundings.

5. You agree to follow all rules of conduct established in conjunction with the activity. Failure to follow the rules will result in your removal from the activity, and you agree that any program fees paid will be kept and not refunded. In the event of a problem while engaged in the activity, notify the activity instructor.

6. This Release and Hold Harmless is given in partial consideration of your being allowed to participate in the activity described and binds yourself, your personal representatives and any heirs or assigns.

I HAVE READ THIS DOCUMENT CAREFULLY AND UNDERSTAND IT.  
I AM SIGNING THIS FREELY AND WITHOUT RESERVATION OR CONDITION.

If you have any questions about this document, do not sign it. Consult an attorney to assist you.

Dated this \_\_\_\_ day of 20\_\_\_\_ .

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
(Print Participant Name)