

# Lewis County Fire District #6

## Volunteer Application



## **Lewis County Fire District #6**

### **Volunteer Program**

#### **Purpose**

Becoming a volunteer gives people a chance to give back to their community.

#### **Eligibility**

Volunteers must pass a background check and have established a consistent pattern of responsible citizenship and use of good judgment as evidence by the absence of any of the following in your background:

- Convictions for an offense that is a felony in Washington State.
- Convictions for a gross misdemeanor offense in the past seven (7) years.
- Convictions for a misdemeanor offense in the past five (5) years.
- Convictions for any domestic violence offense.
- Indicators that your integrity, honesty, character, or work habits would be incompatible with the ethical standards and values of Lewis County Fire District #6.

#### **Steps to Becoming a Volunteer**

- Complete and sign the volunteer application and waiver form, mail or submit in person to Lewis County Fire District #6.
- Successfully pass a criminal history and driver's license check.
- Understand and agree to the terms and conditions of volunteering for Lewis County Fire District #6.
- After completing the application, it will then be forwarded to the Volunteer Recruitment Committee. The applicant may then be contacted for an interview.

**Lewis County Fire District #6 Volunteer Application**

Position Applied For:	<input type="checkbox"/> Firefighter	<input type="checkbox"/> EMT
Name:	Date:	
Address:		
City:	State:	Zip:
Date of Birth:	Email:	
Home Phone:	Cell Phone:	
Driver's License Number:		
Are you able to perform the essential functions of this job as described in the volunteer firefighter job description with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Emergency Contact**

List person(s) to notify in case of an emergency:

Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Cell Phone:	Alt. Phone:

Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Cell Phone:	Alt. Phone:

**Education**

	School	Degree	Year	Major
High School				
College				
College				
Other				
Other				

**Work Experience for Previous 3 Years**

Current or Last Employer:	
Phone:	From-To:
Address:	Hours/Week:
Title/Position:	Supervisor:
Job Description:	
Reason for Leaving:	

Previous Employer:	
Phone:	From-To:
Address:	Hours/Week:
Title/Position:	Supervisor:
Job Description:	
Reason for Leaving:	

Current or Last Employer:	
Phone:	From-To:
Address:	Hours/Week:
Title/Position:	Supervisor:
Job Description:	
Reason for Leaving:	

**Volunteer Experience (List any organization that you have volunteered for)**

Volunteer Organization:	
Phone:	From-To:
Address:	
Title/Position:	Supervisor:
Job Description:	

Volunteer Organization:	
Phone:	From-To:
Address:	
Title/Position:	Supervisor:
Job Description:	

**Related Experience, Skills, and Certificates**

Experience and Skills:	
Certificates:	Expiration Date:
1.	
2.	
3.	
4.	

**Military Experience**

Military Service Branch:		
Rank:	Time Served:	
Date Discharged:		
Do you speak or read a foreign language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list:		

**Criminal History and Driving Record**

Washington Driver's License Number:		
Has your license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traffic citations and accidents for the last five (5) years:		
Have you ever been questioned, detained, arrested, investigated, warned or issued a citation for any misdemeanor or felony, other than traffic, either as an adult or juvenile?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: (Use additional sheets as necessary)		



Lewis County Fire District #6 is an equal opportunity employer. Women and minorities are encouraged to apply. By signing this form, I am certifying that all answers are true and accurate to the best of my knowledge. I understand that untruthful or misleading answers may be cause for rejection of my application, removal of my name from the register, or dismissal if already employed. I further authorize the district to make any necessary investigation to verify the truth and accuracy of my application.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\*Note: Please submit a copy of your driver's license upon application.

**Information Authorization**

I hereby authorize any city, county, state, former employer, or any other agency to furnish any member of Lewis County Fire District #6 any information considered necessary for the purpose of processing this questionnaire. A copy of this authorization shall be considered as valid as the original. I consent to Lewis County Fire District #6 performing a background check into my history in accordance with RCW 43.43.834, and waive any right of privacy I may have in such information for the limited purpose of Lewis County Fire District #6 considering it for determining my suitability as a volunteer.

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

Date: \_\_\_\_\_

**Letter of Understanding and Hold Harmless Agreement**

I understand that I am not an employee of Lewis County Fire District #6. I am not entitled to payment for services rendered, nor am I entitled to compensation or fringe benefits other than set out below. I further acknowledge that I am a volunteer for the purposes of the Fair Labor Standards Act. I wish to volunteer my services to Lewis County Fire District #6 and/or observe members of Lewis County Fire District #6 perform their duties. I understand that my status as a Lewis County Fire District #6 volunteer may be revoked at any time. In consideration of the above granted authority to observe and other good and valuable consideration.

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

Date: \_\_\_\_\_

*If you are under 18 years of age, please have your parent or legal guardian sign below.*

By signing for my son or daughter, I understand that he or she will be required to commit time to this program. I also understand a background check will be completed by Lewis County Fire District #6.

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

Parent or Guardian of: \_\_\_\_\_



## Driving Record Evaluation

***This form must be completed to be considered for employment.***

All applicants for volunteer positions with Lewis County Fire District #6 will have their driving records evaluated. Lewis County Fire District #6 uses the violation point system listed below. If your permanent driving record reflects a total of six (6) points or more for a period of 7 years preceding the date of your application, or to the discretion of the Fire Chief, you will not be allowed to continue in the process. Therefore, if you know that your driving record is less than six points, you may apply. However, any new violations that occur before the completion of the probationary process, which put your total score over six points, will disqualify you. Annual evaluation of a member's driving record may be made during a member's volunteer service. Any current member found in violation of this evaluation will result in the suspension of driving privileges and/or termination of volunteer service with Lewis County Fire District #6.

<u>Violations</u>	<u>Points</u>
Revocation of driver's license	8
Denial of issuance of driver's license	8
Negligent homicide	8
Driving while intoxicated (involving an accident)	8
Driving while intoxicated (not involving an accident)	6
Reckless driving (involving an accident)	8
Reckless driving (not involving an accident)	6
Hit and Run (attended, occupants in vehicle)	8
Hit and Run (unattended, no occupants in vehicle)	6
Driving while license is suspended (DWLS)	4
Speeding in excess of the posted limit:	
0 – 14 mph over	2
15 – 19 mph over	3
20 – 25 mph over	4
26 mph and over	5
Conviction of forfeitures for other moving violations:	
Each violation involving an accident	4
Each violation not involving an accident	2
<b>Total:</b>	_____

I certify that the information contained in this application and in all materials is true, correct, and complete to the best of my knowledge. Under penalty of perjury, I understand that consideration of this application and the continuation of any subsequent employment depends on true, accurate, and complete representation of these facts. I understand that my application will not be considered unless it is signed. I authorize Lewis County Fire District #6 to make inquiries regarding the information on my application and waive my right to confidentiality for the purposes of such inquiries. I release all parties and persons associated with such inquire in connection with information they give.

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

**Please Return Application to:**

Lewis County Fire District #6  
2123 Jackson Highway  
Chehalis, WA 98532

If you have any questions about the volunteer program, please feel free to contact us at 360-748-6019.

**For Official Use Only**

Date Received:
Driver's Check:
Received By:
Chief's Signature:
Date:
Person Conducting Background Check:
Date Background Check Completed:

# WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



## REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

**INSTRUCTIONS:** PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF \$26.00. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 PER NOTARY SEAL \_\_\_\_\_ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

### **A** SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

### **B** REQUESTOR INFORMATION: (Please type or print clearly)

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. ( ) \_\_\_\_\_

E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Name \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP Code

Subject's Right Thumb Print (Optional)



# CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES



## MUST BE SIGNED BY ALL NON-PROFIT ACCOUNT USERS

Fax to (360) 534-2073

Refer to Revised Code of Washington ([RCW 43.43.830-43.43.845](#)) for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, [RCW 10.97](#).

- 1. Searches may be conducted only on prospective employees, volunteers, adoptive parents, prospective clients, or resident.** Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will be or may have unsupervised access to children less than sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only. A prospective client's or resident's conviction record—upon the request of a business or organization that qualifies for exemption under section 501(c)(3) of the internal revenue code of 1986 (26 U.S.C. Sec. 501(c)(3) and that provides emergency shelter or transitional housing for children, persons with developmental disabilities, or vulnerable adults.
- 2. Applicants must be notified an inquiry may be made.**  
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.
- 3. A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.**  
A business or organization shall require each applicant to disclose whether the applicant has been:
  - (a) Convicted of a crime;
  - (b) Had findings made against him or her in any civil adjudicative proceeding;
  - (c) Has both a conviction and findings made against him or her.
- 4. Applicants must be notified of the response.**  
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

### Notes:

- "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
- "Client" or "resident" means a child, person with developmental disabilities, or vulnerable adult applying for housing assistance from a business or organization.
- The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
- Responses are limited to **Washington State records only**.

**NOTE:** The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.

I have read and understand the above **CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES** pursuant to Revised Code of Washington ([RCW 43.43.830-43.43.845](#)).

User Name \_\_\_\_\_ Account # \_\_\_\_\_

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

Reset password?  YES or  NO