



272 Schoolhouse Road
Brinnon WA, 98320
Phone: 360-796-4450
Fax: 360-796-3999
Web Site: www.brinnonfire.org

Congratulations!!!

You have taken the first step to a rewarding experience with the Fire Service. There are many adventures ahead for you, as well as a feeling of great satisfaction in helping both your neighbor as well as your community.

A three-member governs the Brinnon Fire Department Board of Fire Commissioners. The department's daily operations are conducted by a full-time Fire Chief and a full-time District Secretary. Our responders are made up of a combination of 3 full-time paid FF/EMT -B and A-EMTs and 25 volunteer Firefighters & EMS Providers.

The fire district covers an area of 131 sq. miles, from MP299 on the north side of MT Walker to the Mason County Jefferson County line at the south end, from the Hood Canal waterway in the east to the WA State and Federal Lands to the west. To provide this service, we operate from 1 station, Station 41- Fire Headquarters, located at 272 Schoolhouse Road. We also perform such civic duties as parades, fund drives, CPR classes, fire safety classes, disaster preparedness training, and blood pressure checks.

Conditions of membership with the Brinnon Fire Department:

1. Must be at least 18 years of age
2. Reside within the boundaries of Fire District 4.
 - a. Personnel that resides outside the district boundaries will be reviewed on a case-by-case basis.
3. Be in good physical condition.
 - a. Pass a Department-sponsored physical exam.
4. Pass an oral interview with the Fire Chief.
5. Pass a WSP Background Investigation.
 - a. No Felony convictions.
 - b. Have a clean driving record.
6. Complete a 12-month probationary period.
 - a. Abide by the Brinnon Fire Department Standard Operating Procedures (SOP)
 - b. Attend Firefighting & Emergency Medical Training Sessions.
 - c. Respond to Calls for Service (CFS) when available or as scheduled.

MATERIAL TO SUBMIT

1. Completed application
2. A copy of both sides of your driver's license.
3. A copy of your five-year driving abstract – Obtainable from WA DOL or issuing state.
4. A Copy of your EMS Provider card – If applicable
5. A copy of all pertinent training records

THE APPLICATION PROCESS

1. Upon receipt of your completed application and all associated paperwork, the following will occur:
 - a. We will review all your paperwork for completeness
 - b. We will request that the WSP conduct a background investigation
 - c. After the background investigation is completed, you will be invited to a formal interview with the Fire Chief.
 - d. If your application is accepted, then you will commence your 12-month probationary period.

Probation Period

During probation, you will attend training classes and drill evolutions to measure your ability to perform both fire and EMS functions. You will be issued all appropriate equipment for the job that you are assigned. You will have a training assistant assigned who will help you to meet the training requirements. After completing your initial training, you will be authorized to respond to calls on a limited basis by the Fire Chief. When you have completed all of your recruit training requirements, you will be cleared to respond to all calls.

After a successful 12 month probationary period and a final evaluation, each recruit will become a full member of the department.

As a volunteer, we realize that you have employment and other obligations and as such, you will respond to calls as you are available. The minimum requirements are averaged out to 10% call volume. This is to keep your training level up and help answer any questions that you may encounter during calls. Should you not meet the minimum, your situation will be reviewed by the Fire Chief on a case-by-case basis.

Thank you for taking the time to apply to the Brinnon Fire Department. We welcome you to our fire family and look forward to joining us in providing first-rate fire & EMS service to the Brinnon Community.

Brinnon Fire Department

Application for a volunteer position With the Brinnon Fire Department

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ Cell Phone: _____

_____ DOB: _____

Email Address: _____

SSN: _____ Are you a US citizen: yes / no

Last Address if less then 5 years at current:

=====

Highest grade level completed: _____ High School Graduate: yes / no GED: yes / no

Colleges or Technical schools	Degree	Dates from	Dates to
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

=====

Have you ever served in the US Military: yes/no

Branch: _____ From: _____ To: _____

Type of discharge: _____

=====

Present Employer: _____

Supervisors Name: _____

Please list your current job description: use additional sheets as needed.

May we contact: yes/no

Do you have any firefighting or EMS experience? Yes/no

Please list all FF / EMS experience you have:

Applicants must be able to fulfill all the duties and tasks assigned to a Firefighter. Do you have any physical limitations that would affect your performing these tasks? : Yes/no

Do you have any activities, commitments, or responsibilities that would impact your ability to meet the attendance requirements? Yes/no

In your own words, tell us why you would like to be a member of the Brinnon Fire Department:

List all traffic citations during the last five years:

List all criminal convictions during the last five years: (Be sure to submit your Driving Abstract from DOL)

Health Statement

Each condition below must be marked yes or no. Any application submitted with a blank will be returned for completion. Do you have or have you had any of the following ailments or conditions? Have you ever received treatment for any of the following conditions?

Abnormal jaw closure	yes	no	Female/Menstrual problems	yes	no	Prostrate disorder	yes	no
Alcoholism	yes	no	Fractures or Dislocations	yes	no	Rectal Disorders	yes	no
Allergies/Hay Fever	yes	no	Gall Bladder Disorder	yes	no	Sinus Disorder	yes	no
Anemia	yes	no	Gall Stones	yes	no	Skin Disorders	yes	no
Arthritis/Rheumatism	yes	no	Gout	yes	no	Spinal Disorders	yes	no
Asthma	yes	no	Hearing Impaired	yes	no	Stomach Disorders	yes	no
Attempted Suicide	yes	no	Heart Disease	yes	no	Stroke	yes	no
Back Disorder	yes	no	Hemorrhoids	yes	no	Surgical Operations	yes	no
Bladder Disorder	yes	no	Hernia	yes	no	Thyroid/Goiter	yes	no
Blood Disease	yes	no	High Blood Pressure	yes	no	Tuberculosis	yes	no
Bowel Disorder	yes	no	Joint Disorder	yes	no	Tumors/Growths	yes	no
Cancer	yes	no	Kidney Disorder/Nephritis	yes	no	Ulcers	yes	no
Chronic Respiratory Prblm	yes	no	Liver Disorder	yes	no	Ulcerative Colitis	yes	no
Cirrhosis Disease/defect	yes	no	Loss of limb(s)	yes	no	Varicose Veins	yes	no
Congenital Disease	yes	no	Migraine Headache	yes	no	Vein or Artery Disease	yes	no
Diabetes	yes	no	Nervous or Emotional Condition	yes	no			
Eye Disease or Disorder	yes	no	Nasal Malformation/Disorder	yes	no	Any other medical conditions not listed above	yes	no
Ear or Nose Disorder	yes	no	Neurological Disorder	yes	no			
Drug abuse of addiction	yes	no	Paralysis	yes	no			
Emphysema	yes	no	Polio - Late Effects	yes	no			
Epilepsy or Seizures	yes	no						

If you answered YES to any of the above questions, please provide the following information. You may use additional sheets as needed. Please also indicate the location of the condition.

Condition

Date of illness or injury

Diagnosis and treatment

Personal References (Give names, addresses, and phone numbers of 3 persons that are not related to you)

Name	Address	Phone
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Name	Address	Phone
------	---------	-------

Name	Address	Phone
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Condition of Membership in the Brinnon Fire Department

1. Complete and pass a WSP background investigation.
2. Complete a Fire Chief Oral Interview and be recommended for membership.
3. Be accepted by the Board of Fire Commissioners.
4. Pass a department-sponsored physical exam.
5. Complete a probationary period of 365 days.
6. Abide by the Brinnon Fire Department Standard Operating Policies and the Brinnon Volunteer Firefighter & Ambulance Association Bylaws at all times.
7. Have and maintain a valid Washington State Drivers License.
8. Attend all required training.
9. Agree to maintain in good serviceable condition all issued equipment and only use equipment above during fire department functions. I also accept responsibility for any loss, negligent use, or destruction of said equipment and will reimburse the Brinnon Fire Department for said losses. Normal wear and tear understood.
10. Respond to alarms when available, keeping in mind the minimum response requirements.

Applicants Signature

Date & Time

Fair Credit Reporting Act
Membership pre-notification

It is understood that an investigation report may be made whereby information is obtained through personnel interviews with third parties, such as employers, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information about your character, general reputation, and mode of living, whichever may be applicable. In addition, you have a right to make a written request within a reasonable period for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

By signing below, I certify that the answers given by me are true and correct to the best of my knowledge and belief. I understand that, if accepted, false statements or omissions of facts to this application shall be considered sufficient cause for dismissal. I authorize Brinnon Fire Department to make any reasonable inquiry of my associates, employer, and personnel references.

Applicants Signature

Date & Time

DO NOT WRITE BELOW THIS LINE =====

Application Issued: ____/____/____

Application Received: ____/____/____

Rcvd By: _____

Background Investigation: ____/____/____

District Secretary: _____

Fire Chief's Interview: ____/____/____

Fire Chief: _____

Board's approval: ____/____/____

Chairman of the Board: _____

45 Day Probation Started: ____/____/____

Fire Chief's Review: ____/____/____

45 Day Probation: _____

320 Day Probation Started: ____/____/____

Fire Chief's Final Review: ____/____/____

320 Day Probation: _____

Probation Completed: ____/____/____

Request for Criminal History Information

**Child / Adult Abuse Information Act
RCW 43.43.830 through 43.43.845**

Requesting Agency / Address

Purpose

Jefferson County Fire Protection District #4
Attn: District Secretary: P. Ware
P.O. Box 42
Brinnon, WA 98320-0042

- ESD/School District Volunteer
- Non-Profit Business/Org.
- Profit Business - \$10.00
- Adoptive Parents - \$10.00

I certify that this request is made pursuant to and for the purpose indicated.

Fees: make payable to the WSP
NO PERSONNEL / CERTIFIED CHECKS

Authorized signature: _____ Title: _____

Applicant of Inquiry

Applicant Name: _____

Alias / Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____

SSN: _____ Drivers Lic. # / State: _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050

**Identification declaring no evidence
Washington State Patrol Identification & Criminal History Section**

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845

Jefferson County Fire Protection District #4

Applicants Signature: _____

Applicants Name: _____

Address: _____

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

Date:

I authorize the Fire Chief of the Brinnon Fire Department or his designated agent bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files about my employment, military, credit, educational and academic records, including, but not limited to: academic achievement, attendance, athletic, personal history, disciplinary records, including any internal investigation files, medical records, including mental health, drug, and alcohol treatment and credit records. I agree that the Brinnon Fire Department may contact the persons I identified and other persons, including business associates, acquaintances, and friends. The Brinnon Fire Department may ask questions about my work experience, character, personal habits, educational background, and interpersonal relations. I agree that the Brinnon Fire Department may also retain an outside firm to conduct background investigations. I direct you to release such information upon the request of the bearer.

II. This Release is executed with complete knowledge and understanding that the information is for the official use of the Brinnon Fire Department Consent is also granted for the Brinnon Fire Department to furnish this Authorization to third parties in the course of fulfilling its official responsibilities. I release the district, as the custodian of such records and any school, college, university or other educational institution, hospital or another repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any liabilities for damages of whatever kind which may at any time result in me, my heirs, family or associates because of compliance with this Authorization, and request to release information, or any attempt to comply with it A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. The original of this form shall be maintained at the Brinnon Fire Department and be available upon request.

III. I am furnishing my Social Security account number voluntarily to understand such is not required by City Ordinance, County statute, State law, or regulation. I have been advised that the Brinnon Fire Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning my connection with this application. Should there be any question about the validity of this release, you may contact me as indicated below.

This release will expire one (1) year after the date of execution

_____	_____
Full Legal Name & Date of Birth	Social Security Number
_____	_____
Current Address & Telephone	Signature

SUBSCRIBED AND SWORN to before me this _ day of _____, 20

Notary Public in and for the State of Washington, residing at: _____
My appointment expires: _____

JEFFERSON COUNTY FIRE PROTECTION DISTRICT NO. 4

ADDENDA TO MEMBERSHIP APPLICATION

CONFIDENTIAL DISCLOSURE REPORT

RCW 43.43.S34 (2) requires that the Fire District obtain the applicant's following information. The applicant may have unsupervised access to children under eighteen (18) years of age or developmentally disabled persons, including vulnerable adults. To comply with the statutory requirements, please provide the following information: (Please circle the appropriate response to each question)

1. Have you been convicted of any crime against children or other persons?
YES NO

2. Have you been convicted of crimes relating to financial exploitation of
Eight vulnerable adults? YES NO

3. Have you been found in any dependency action under RCW 13.3.4.040 to
have sexually assaulted or exploited any minor or to have physically abused
any minor? YES NO

4. Have you been found, by a court in domestic relations proceeding under
Title 26 RCW, to have sexually abused or exploited any minor or to have
physically abused any minor? YES NO

5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmental
disabled person or to have. Abused or financially exploited any vulnerable adult?
YES NO

6. Have you been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable
adult?
YES NO

I swear under penalty of perjury that the information I have given is correct and accurate to the best of my ability.

Applicant's Signature: _____ Date Signed: _____
