

# **Lummi Island Fire Department**

**Whatcom County Fire District No. 11**

# **Volunteer Firefighter/EMT Application Packet**

## Volunteer Application Process

1. Attend and observe 3 training sessions Observation Only
2. Receive Volunteer Application and continue to attend training
3. Turn in complete Volunteer Application with the following to be reviewed by Chief.
  - Copy of Driver License, Social Security Card and High School Diploma or GED.
4. Meeting with Chief and applicant
5. Meeting with Chief, applicant, and applicant's Spouse/Significant other

PRE-ACCEPTED / NOT ACCEPTED

6. Bunker Gear Issued to participate in Training
7. Pre Acceptance physical forms and instructions to obtain Concealed Pistol License (CPL) (Ages 21+)
8. Await CPL, Respiratory compliance and physical clearance.

ACCEPTED / NOT ACCEPTED

9. Post Acceptance physical packet
  - Authorization Form
  - Hepatitis B info
  - Hepatitis B Accept Decline Form
  - Audiometric Medical History
10. Pre-response Orientation
  - Infectious Disease
  - Fit Tests
  - SCBA Training
  - FF Safety
  - CPR First Aid
  - Radio training
  - LZ Training
  - Flagging/Traffic Control
  - Equipment Locations
  - Gurney Operation
  - Response guidelines
  - Pager operation
  - Door Code
11. Orientation evaluation by Chief or designee and Paperwork
  - Emergency Contact Information
  - Vendor Request Form
  - I-9, W-4, W-9
  - Assortment of Chap 1 quiz questions
  - Dept. specific Infectious Disease stuff
  - Landing Zone procedures
  - Dept. Radios operations and proper etiquette
  - Equip/ tools location quiz / Scavenger hunt
  - Response guidelines
  - Gurney Operation
  - Pager Operation

12. Pager, Plates Issued For Responding

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The first question is do you have the time after work and family obligations to make a strong commitment to this community and department? This is a teamwork profession, the success or failure of our mission; "The prevention and suppression of fire and the protection of life and property" is directly related to the level of commitment each team member has.

Becoming and being a member of a volunteer fire department is not easy and can be difficult to maintain. Initial training is very cumbersome, it consists of but not limited to the following: **32 hr** Emergency Vehicle Accident Prevention, **4 hr** Infectious Disease, **12 hr** CPR for Health Care Providers, **12 hr** First Aid, **16 hr** Hazardous Materials, **190 hr** Firefighter 1, **225 hr** Emergency Medical Technician.

Because we have a low call volume ongoing weekly training is paramount to keep up on skills from a safety standpoint alone and requires a long-term commitment to weekly training attendance. If you do not have the time after work and family obligations or the desire to make such a commitment, you might want to rethink this application.

Read this application thoroughly and carefully before completing. Fill out this application entirely. Only a "Hand printed or typed" application will be accepted. There are several parts that require initials, signatures, witnesses and notarization. Filing a false statement is a crime and misrepresentation of any kind will be cause for dismissal and possible legal action. If you are accepted and subsequently it is discovered that an application was filed with errors, or a problem with information provided, is discovered, you may be suspended in the future. When submitting this application, bring your Driver's License, Social Security Card and High School diploma or GED so we can make copies for your file.

Continue to attend and observe training nights. We will try to involve you when it is appropriate. Background checks are obtained through the Sheriff's office using the Concealed Pistol License (CPL) process. If you cannot obtain a CPL, it is unlikely acceptance will be granted. In addition, you will be drug tested at the time of your pre-employment physical.

After the application is submitted and reviewed, you will have an interview with the Chief. Another meeting will be held with you and your spouse or significant other so they understand the commitment you are making and the impact it may have on them. Following the interview and meeting, you will receive a packet for a pre-acceptance physical and instructions to apply for the CPL. It is your responsibility to schedulable these appointments in a timely manner. The cost of the physical is paid for by the Department. You must submit the receipt for the CPL to be reimbursed.

After we receive your physical clearance paper work and the CPL, a final interview with the Chief is required before acceptance. Once accepted, you will go in to start your vaccination series, blood work and chest x-rays. A 30 hour orientation class will be scheduled at our earliest

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convenience at the end of which you will be issued a pager and be able to start responding to calls.

### **Volunteer Firefighter EMT Job Description**

#### **RESPONSIBILITIES:**

Operates or rides in an ambulance and fire vehicles to fire alarms and requests for pre-hospital emergency medical care; administers pre-hospital emergency medical care to sick or injured patients. Extricate victims from wrecked vehicles and treat injuries while transporting the victims to the next level of care or transport. Places equipment, lays and connects hose, operates high-capacity pumps and directs water streams; raises, climbs and lowers ladders; uses chemical extinguishers, and uses self-contained breathing apparatus, enters burning buildings as part of a fire suppression team. Performs ventilation tasks; carries heavy objects and equipment and carries others during rescue, responds to hazardous material, rescue and other non-fire emergency incidents, provides necessary support activities. Complete reports and documentation as required. Participates in training drills; attends training and departmental classes on fire fighting, hydraulics, first aid and emergency medical procedures, fire equipment and apparatus and other classes associated with recognized firefighter and EMS standards. Operates department equipment and apparatus; performs necessary maintenance, testing and care of fire hoses, trucks, ladders and auxiliary equipment and apparatus.

#### **MINIMUM QUALIFICATIONS:**

- High School diploma or GED equivalent.
- Ability to learn the necessary knowledge, skills, and abilities to perform the job.
- Working knowledge of driver safety.

#### **REQUIREMENTS:**

- Must be 18 years of age.
- Must possess a current Washington State Driver's license.
- No felony convictions or disqualifying criminal histories.
- Must be able to read and write the English language.
- Must be able to pass a department medical exam.

#### **PHYSICAL DEMANDS:**

This job is physically demanding. The Firefighter EMT must have the ability to lift and carry fire equipment, medical equipment and patients through obstacles in environments that may be unsafe. They must also possess the ability to follow written and verbal orders under duress, and make decisions that may affect the safety of themselves, their partners and those they are trying to save. Firefighter EMTs must constantly be alert to monitor their surroundings, noticing even minute changes.

Lift 50 pounds to chest; be able to move 100 pounds, be capable to crawl while carrying or lifting, and have the ability to steady one self and maintain balance to keep from falling.

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### WORKING CONDITIONS:

Work is performed in the fire station and the surrounding district area, with required response time to emergencies as they occur. Firefighter EMTs work in dangerous conditions including unstable structures, fire-ridden locations and accident scenes. Traffic, weather and hazardous materials also contribute to the unsafe working environment. Firefighters EMTs are exposed to physically and mentally stressful situations, including trauma, illness, death, contagious diseases, cramped surroundings and contaminated environments. Work involves responding to emergency calls in inclement weather, with temperatures sufficiently low or high enough, to cause marked bodily discomfort/reactions. Frequent encounter with vibration/noise exceeding 80 decibels, constant or intermittent, may cause notable distraction or possible hearing loss. Limited visibility, exposure to hazardous or toxic chemicals and gases, smoke inhalation, exposure to burns and radiant energy, electrical shock, as well as subjection to blood borne and air borne pathogens may occur. Falling objects at incident scenes, hazards from equipment, traffic and working in high, confining or restrictive places may pose additional physical risks.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

NOTHING CONTAINED IN THESE JOB DESCRIPTIONS OR ANY OTHER WRITTEN POLICY OF THE DISTRICT IS INTENDED TO BE PART OF ANY EMPLOYMENT RELATIONSHIP OR CONTRACT. THESE JOB DESCRIPTIONS FOR THE DISTRICT OR ANY OTHER WRITTEN POLICY OF THE DISTRICT ARE MERELY STATEMENTS OF DISTRICT POLICY AND DO NOT AMOUNT TO PROMISES OF SPECIFIC TREATMENT. FURTHERMORE, THE DISTRICT RESERVES THE RIGHT TO MODIFY THE AFOREMENTIONED JOB DESCRIPTION AND DISTRICT POLICIES AT ANY TIME.

“Whatcom County Fire Protection District # 11 is an Equal Employment Opportunity agency. Decisions regarding selection, promotion and tenure shall be free from restrictions based on physical, cultural religious or other characteristics that are not directly related to the qualifications and ability of an individual to perform the requirements of the position.”

**\*NOTE:** You will be issued your own set of gear and equipment. If at any time you leave the department, you must return all issued equipment in person and be checked out and signed off by the Chief or his designate. You will be financially responsible for any equipment not returned.

**I have read the above instructions and understand them. I have also read the job description and requirements of a volunteer firefighter attached with this application and believe that I qualify.**

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

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**VOLUNTEER APPLICATION FOR EMPLOYMENT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street and PO Box City Zip Code

Previous Address: \_\_\_\_\_  
Street and PO Box City Zip Code

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E Mail: \_\_\_\_\_

United States Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_ Social Security # \_\_\_\_\_

High School Diploma \_\_\_\_\_ Date \_\_\_\_\_ GED \_\_\_\_\_ Date \_\_\_\_\_

Collage/Tech School: \_\_\_\_\_  
\_\_\_\_\_

Do you have any specialized Knowledge, Training, Certifications, and / or Military Service?  
\_\_\_\_\_

Present Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Previous Employment: \_\_\_\_\_

Last three (3) years: \_\_\_\_\_

Driver's License? YES \_\_\_\_\_ NO \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of License: Regular \_\_\_\_\_ Intermediate \_\_\_\_\_ Combination \_\_\_\_\_

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

Have you ever had your driver's license revoked or suspended? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give reasons and dates: \_\_\_\_\_  
\_\_\_\_\_

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List any criminal offenses, traffic citations or infractions you have been convicted of: \_\_\_\_\_

Can you meet the physical requirements of the job? \_\_\_\_\_

Medical/First Aid Certification? YES \_\_\_\_\_ NO \_\_\_\_\_

Type and Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Previous firefighting experience? YES \_\_\_\_\_ NO \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Department Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

List three (3) personal references, not related to you.

	NAME	HOME ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

How long have you lived on Lummi Island? \_\_\_\_\_

How long do you intend to live on Lummi Island? \_\_\_\_\_

Physician \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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

Medications: \_\_\_\_\_

**I hereby certify that all statements made in this application form or in any attachments are true and complete to the best of my knowledge, and I understand that any false or misstatements of material facts may subject me to disqualification or dismissal.**

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

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I \_\_\_\_\_, of my own free will and accord, in the presence of these witnesses, do hereby promise and swear that I will attend the minimum requirements for training; answer all Department Alarms or Calls if in my power to do so; I will obey all orders given by the Chief or any other officer; I will follow the Departments Standard Operating Guidelines (S.O.G.'s) That I do my utmost to guard the lives and property of this community, and be ever watchful of the dangers confronting my fellow firefighters. To this I pledge to the best of my ability.

Signed, \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

I understand there can be serious consequences if I do not follow the guidelines or properly execute orders given, including disciplinary action that may result in termination. \_\_\_\_\_ (Initials)

I authorize Whatcom County Fire District # 11 to have a criminal background check done on me and perform any other background checks as deemed necessary. \_\_\_\_\_ (Initials)

I authorize Whatcom County Fire District # 11 to have my driving record researched. \_\_\_\_\_ (Initials)

I understand that I must successfully complete a physical exam prior to acceptance. \_\_\_\_\_ (Initials)

I understand that I must successfully complete a Fire Fighter Recruit Academy or equivalent and Emergency Medical Technician (EMT) class after acceptance \_\_\_\_\_ (Initials)

I understand that Whatcom County Fire District # 11 may require a deposit for the Recruit Academy, EMT class or other classes I am required to take. The deposit will be returned only upon successful completion of the class. \_\_\_\_\_ (Initials)

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**FOR DEPARTMENTAL USE ONLY**

Accepted for membership Date: \_\_\_\_\_ Personnel No. \_\_\_\_\_

Rejected for membership. Why? \_\_\_\_\_



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**Authorization to Release Information**

I \_\_\_\_\_ authorize you to furnish Whatcom County Fire District # 11 with any and all information that you have concerning me, my work record, my reputation, my medical records, driving records, and my military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist Whatcom County Fire District # 11 in determining my qualifications and fitness for a position I am seeking with Whatcom County Fire District # 11

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights with the understanding that information furnished will be used by Whatcom County Fire District # 11 in conjunction with employment procedures.

I hereby release you, your organization and others from any liability or damage, which may result from furnishing the information, requested.

\_\_\_\_\_  
Name (Print) Signature

**Notary Public in and for the State of Washington,**

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Signature Print

Residing in \_\_\_\_\_, My Commission Expires \_\_\_\_\_

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.  
You may retain this form or a photocopy for your file if you so desire.