



Oakridge Fire & EMS



47592 Highway 58, P.O. Box 1410, Oakridge OR 97463

Membership Application

PERSONAL INFORMATION

Name (Last, First, MI): _____
Address: _____ City: _____ State: _____ Zip: _____
Home #: _____ Cell#: _____ Work#: _____
E-mail: _____

Are you currently eligible to work in the U.S.? _____
T-shirt size: _____ Sweatshirt Size: _____

PERSONAL REFERENCES (please include 3):

1. Name: _____ Contact #: _____
2. Name: _____ Contact #: _____
3. Name: _____ Contact #: _____

EMPLOYMENT/VOLUNTEER HISTORY (Past 10 years): *Be sure to list previous fire/EMS related fields.*

Name of Employer: _____ Employed from: _____ to _____
Position held: _____ Supervisor: _____
Telephone #: _____ Reason for leaving: _____
Duties: _____

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In your own words, please tell us why you would like to become an Oakridge Fire & EMS member?

EDUCATION

Circle the highest Grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

List any physical limitations that may affect your performance for this position: _____

Please list any skills or training you hold that would be a factor in the position for which you are applying: _____

- Are you able and willing to perform any and all activities associated with the fire and life safety service: fully realizing that such activities may be performed under the most adverse, trying and hazardous condition? Yes No
- Do you use Tobacco? Yes No
- *I hereby certify the information I have supplied is complete and true to the best of my knowledge. I understand the misrepresentation or omission of facts is cause for cancellation of the application and/or dismissal from the department.* Yes No
- *I agree to provide service to the Department without the promise or expectation of compensation other than the receipt of nominal reimbursement for expenses (incurred providing services under the terms of this agreement) as established by the Department.* Yes No
- *I agree to the rules, regulations, policies and guidelines of the Department as established by the City Counsel and Chief Officers of the Department.* Yes No
- *I am aware that the information on this application will be used to conduct a background check.*
Yes No

Applicant Signature

Date

Administrative Only Date of Application submitted to staff: _____



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Permission to Participate for Volunteers Under 18 Years of Age

I, _____, am the legal parent/guardian of _____, and grant permission, to the fullest practical degree of volunteer duties, in activities authorized and supervised by Oakridge Fire & EMS officers and senior personnel.

I understand that the policy of the fire Department is to allow personnel to participate only at a level for which they are adequately trained and equipped. I do also understand that my legal charge will be closely supervised during all active phases of operations concerning live fire training and/or emergency response.

Parent/Legal Guardian's Signature: _____ Date: _____
Signature



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I hereby make application for membership to Oakridge Fire & EMS with the understanding that I will set aside time for training and meetings. I have discussed this with my family and they are in accordance. If accepted I shall endeavor to fulfill this organizations SOP's and By-Laws.

I, therefore authorize Oakridge Fire & EMS to make any necessary and appropriate investigations to verify the information herein, and release from all liability any person, companies or corporations supplying information pertaining to me. To the best of my knowledge, all of the information in this application is correct. I understand that falsification of my information in this application may be grounds for dismissal. I understand that if I'm voted in by the membership that I will start an eight-month probationary period and can be dismissed any time during this period.

Check one:

- I wish to participate in Fire only: _____
- I wish to participate in Ambulance only: _____
- I wish to participate in both: _____

Fire Chief's approval: _____ Date: _____

Department Officers and/or Volunteer Association Elected Officers Approval:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Date voted in: _____ Date Sworn in: _____



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*****CONFIDENTIAL*****

DRIVING & CRIMINAL HISTORY VERIFICATION

Name: _____ Date of Birth: _____ Sex: _____

List Other Names Previously Used: _____

Social Security No: _____ Oregon Driver's License: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Address: _____

Street Address/PO

City

State

Zip Code

- Have you **EVER** been convicted of a sex-related crime?..... Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
If yes, did the crime involve force or minors?..... Yes No
- Have you **EVER** been convicted of a crime involving violence or threat of violence?... Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
- Have you **EVER** been convicted of a crime involving drugs or alcohol?..... Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
- Have you **EVER** been convicted of any other crime except a minor traffic violation?... Yes No
- Have you **EVER** been arrested for a crime for which there was not an acquittal/dismissal?..
 Yes No

Advisory: A check of the applicant's driving/criminal history will be made by Oakridge Fire & EMS to verify the responses to the preceding questions. All background checks are filed with Oregon State Police and Oregon Department of Motor Vehicles.

You may explain in writing any yes answers on the back of this form if you wish

I hereby grant consent to Oakridge Fire & EMS to check criminal records to verify any statements made on this form.

Applicant's Signature: _____ Date: _____