

Illinois Valley Fire District

Volunteer Application

All information MUST be completed (DO NOT merely reference an attached resume).

Submit application and copy of driver's license to: Illinois Valley Fire District, 681 Caves Highway, Cave Junction, OR 97523.

If you have any questions or need assistance with this form, please contact us at 541-592-2225.

		Date:				
Full Name:						
	LAST		FIRST	MIDDLE		
Street Address:	NUMBER	STREET	CITY	STATE	ZIP	
How long have			CITI			
Mailing Address:	•					
	NUMBER	STREET	CITY	STATE	ZIP	
Telephone:			Email:			
SSN:			_	_		
Position Sought:		□Firefighter	□Fire Support	□Emerge	ency Medical	
When are you availab	le to start?					
		EDU	CATION			
Have you ever applied	d to the district	before? □No; □	□Yes, when:			
High School:	n School: Graduate? □No; □Yes; □G.E.D.					
			Graduate? □No; □\	/es. Degree		
	NAME/LC					
		EMPL	OYMENT			
Current Employer:			Phone:			
Supervisor's Name: _			May We Co	May We Contact? □No; □Yes		
		PERSONAL	REFERENCES			
Name:		Relationship:		Phone:		
۸ ما ما سه مه .						
				Phone:		
Address:						
		DRIVIN	IG RECORD			
Do you have a valid O	regon driver's li		lYes, number	exp. date		
			s? □No; □Yes, number			
			rs? \square No; \square Yes, number $_$			
How did you hear abo	ut our volunteer	r opportunities?				
\square IVFD website (ivfire.	com), \Box IVFD Fo	acebook page, 🗆	 Friend/Relative, □IVFD V	olunteer/Staff, □Fly	er, □Poster,	
□Newspaper Article, [□Newspaper A	d, \square Sign on Fire	Station or Vehicle,			
□Other						

Use this space for ● additional information ● qualifications ● reason(s) you wish to volunteer
PLEASE READ CAREFULLY
In exchange for the consideration of my application by the Illinois Valley Fire Protection District, I agree to the following:
Any appointment I may be offered from the Illinois Valley Fire Protection District, further known as "the District," will be classified as "an at will position." When appointed, I understand that the District may unilaterally change or revise its benefits, policies and procedures; and such changes may include reduction in benefits, as they apply to my appointed position.
By my signature below, I do hereby authorize, and request, the release of my employment records, educational record, adult criminal record, state motor vehicle record to the District for review as part of a background investigation being conducted prior to my possible appointment. I do further authorize you to permit any and all materials listed above to be copied and retained by the District. Further, I hereby release you, your organization and any of its agents, employees or representatives from any and all liability or damage which may result from furnishing the above information in compliance with my request. The information being requested is to assist in determining my fitness and qualifications for appointment to the District.
I further understand that I may be required to take and pass a drug and alcohol test prior to appointment of a position.
The original of this authorization form is maintained in the Administrative Offices of the District and will be available upon demand. A copy of this documentation shall serve as an original when photocopied with my signature.
Signature: Date:
Print Name:

The District is an equal employment opportunity employer (EEO). We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability, or any other status protected by law.