



# 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 you lived at this address?: _____			
Mailing Address: _____			
NUMBER	STREET	CITY	STATE ZIP
Telephone: _____	Email: _____		
SSN: _____			
Position Sought:	<input type="checkbox"/> Firefighter	<input type="checkbox"/> Fire Support	<input type="checkbox"/> Emergency Medical
When are you available to start? _____			
<b>EDUCATION</b>			
Have you ever applied to the district before? <input type="checkbox"/> No; <input type="checkbox"/> Yes, when: _____			
High School: _____	Graduate? <input type="checkbox"/> No; <input type="checkbox"/> Yes; <input type="checkbox"/> G.E.D.		
NAME/LOCATION			
College: _____	Graduate? <input type="checkbox"/> No; <input type="checkbox"/> Yes, Degree _____		
NAME/LOCATION			
<b>EMPLOYMENT</b>			
Current Employer: _____		Phone: _____	
Supervisor's Name: _____		May We Contact? <input type="checkbox"/> No; <input type="checkbox"/> Yes	
<b>PERSONAL REFERENCES</b>			
Name: _____	Relationship: _____	Phone: _____	
Address: _____			
Name: _____	Relationship: _____	Phone: _____	
Address: _____			
<b>DRIVING RECORD</b>			
Do you have a valid Oregon driver's license? <input type="checkbox"/> No; <input type="checkbox"/> Yes, number _____ exp. date _____			
Have you had any driving accidents in the past 3 years? <input type="checkbox"/> No; <input type="checkbox"/> Yes, number _____			
Have you had any moving violations in the past 3 years? <input type="checkbox"/> No; <input type="checkbox"/> Yes, number _____			
How did you hear about our volunteer opportunities?			
<input type="checkbox"/> IVFD website (ivfire.com), <input type="checkbox"/> IVFD Facebook page, <input type="checkbox"/> Friend/Relative, <input type="checkbox"/> IVFD Volunteer/Staff, <input type="checkbox"/> Flyer, <input type="checkbox"/> Poster,			
<input type="checkbox"/> Newspaper Article, <input type="checkbox"/> Newspaper Ad, <input type="checkbox"/> Sign on Fire Station or Vehicle,			
<input type="checkbox"/> 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 (**to include marijuana**) 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.*