Glide Rural Fire Protection District

Volunteer Application

The Glide Rural Fire Protection District program is a great opportunity for you to help your local fire and emergency services departments as well your community. To ensure that your time and talents will be best utilized, fill out the following form and return it to the Glide Fire Department front office.

Please Print

Name _____

Address _____

City, State, Zip _____

Phone Number _____

E-mail _____

Have you ever been convicted of a crime? (*circle one*) YES NO

If yes, please explain _____

Is there a specific volunteer opportunity or area you might be interested in? (*Please check all that apply*)

- ☐ Structural Firefighting
- ☐ Wildland Firefighting
- ☐ EMS/medical response
- ☐ Cadet Firefighter Program

Other Interests:

- ☐ Administrative
- ☐ Bookkeeping
- ☐ Chaplain
- ☐ Fundraising
- ☐ Grant writing
- ☐ Incident reporting
- ☐ Data management
- ☐ Fire prevention/life safety education
- ☐ Preplanning
- ☐ Social media
- ☐ Special projects
- ☐ Website developer/maintenance
- ☐ Not Sure

Please list any special talents, skills, and/or certifications:

_____

_____

_____

_____

_____

How did you hear of us?

- ☐ Friend _____
- ☐ Radio
- ☐ Newspaper
- ☐ Event _____
- ☐ Other _____

PERSONAL/WORK REFERENCES:

List 3-5 people including previous employers who have known you longer than one year.
Do not include any person who is related to you or who lives in your household.

Name	Phone #
Address	
How long has this person known you?	Relationship?
Additional Info:	
Name	Phone #
Address	
How long has this person known you?	Relationship?
Additional Info:	
Name	Phone #
Address	
How long has this person known you?	Relationship?
Additional Info:	
Name	Phone #
Address	
How long has this person known you?	Relationship?
Additional Info:	
Name	Phone #
Address	
How long has this person known you?	Relationship?
Additional Info:	

Additional Information:

List all moving/driving violations in the last 3 years:

Drug Testing

I understand that I may be required to submit a urine sample for drug screening purposes prior to completion of the employment process and, if hired, at any time during my employment in a paid or volunteer position. If I refuse, or if I do not comply with testing procedures, I understand that I will not be considered for employment or may be subject to termination. I understand that if my urine screens positive for illegal substances and/or prescription drugs, whose use has not been prescribed by a licensed physician, I will not be considered for employment or may be subject to discharge. I consent to the release of drug testing records to this employer.

Access to Records

I authorize investigation of all matters and records which the employer deems relevant to my qualifications for employment, including all statements contained in this application. I release from all liability any persons, schools, organizations, or employers providing such information, and I release the employer from all liability which might result from making the investigation. If hired, I authorize periodic investigation of my motor vehicle records, driving records, and criminal history.

Affidavit

I understand that any employment offered by this firm is an "at will" nature, meaning that I may quit at any time, and the employer may discharge me at any time, with or without cause, and that, if hired, I am required to abide by all rules and regulations of this company. I understand that this application will be active for 60 days, and if I want to be considered for a job after that time, I must apply by completing a new application form. I certify that the answers given on this application are complete and true to the best of my knowledge. I understand that falsification, misrepresentation, or omission of facts in this application or any required documents as well as misleading statements, will be cause for denial of employment or immediate termination regardless of how discovered.

Future Notification Requirements

I agree to immediately notify the employer if I should be arrested for or convicted of a felony or any crime involving dishonesty or a breach of trust while my application is pending or during my period of paid or volunteer employment.

"At Will" Positions (paid or volunteer)

I understand that all positions, whether paid or volunteer, are "at will" positions. You may terminate your employment at any time with or without notice or cause, and the District can terminate your employment, at any time, with or without notice or cause.

I have answered all of the above questions honestly and to the best of my ability.

Applicant's Name (PRINT)_____

Signature_____

Date_____

Parent/Guardian (if under 18)_____

Signature_____

Date_____

GRFPD Representative_____

Signature_____

Date_____

On behalf of the Glide Rural Fire Protection District we would like to thank you for supporting your local fire and emergency services.

Serving people, protecting property and the environment of the North Umpqua

Glide Rural Fire Protection District
P.O. Box 446
18910 North Umpqua Hwy.
Glide, Oregon 97443
Phone 541-496-0224 Fax 541-496-0762
glidefire@glidefire.org

LIABILITY WAIVER & RELEASE FOR TRAINING AND EQUIPMENT USE

This Liability Waiver and Release ("Agreement") is entered into between the **Glide Rural Fire Protection District (GRFPD)** and the undersigned participant ("Participant") regarding participation in GRFPD training activities and/or use of GRFPD equipment.

1. Voluntary Participation
Participant understands and agrees that their involvement in GRFPD-sponsored training, drills, demonstrations, physical activities, and/or use of GRFPD equipment is voluntary.

2. Assumption of Inherent Risks
Participant acknowledges that fire, rescue, and emergency-services training involves **inherent risks**, including but not limited to: physical exertion; exposure to heat, smoke, tools, machinery, ladders, hoses, vehicles, and hazardous environments; slips, trips, falls; and other hazards that may cause injury, illness, or property damage. Participant voluntarily assumes **all risks**, whether known or unknown.

3. Release of Liability
To the fullest extent permitted by Oregon law, Participant releases, waives, and discharges GRFPD and its board members, officers, employees, instructors, volunteers, agents, and representatives from any and all claims, demands, damages, or causes of action arising from or related to Participant's training activities or use of GRFPD equipment, including claims alleging ordinary negligence.

4. Indemnification
Participant agrees to indemnify and hold harmless GRFPD from any claims brought by third parties arising out of Participant's actions or misuse of equipment while involved in GRFPD activities.

5. Fitness & Safety Compliance
Participant certifies they are physically and mentally capable of safely participating. Participant agrees to comply with all instructions, safety rules, and GRFPD policies, and to immediately report any unsafe condition, injury, or equipment malfunction.

6. Equipment Use
Participant agrees to handle GRFPD equipment responsibly and use it only under supervision or as instructed. Participant may be held responsible for damage resulting from intentional misuse or reckless behavior.

7. Medical Authorization
In the event of injury or medical emergency, Participant authorizes GRFPD personnel to obtain emergency medical care on their behalf. Participant is responsible for any related costs.

8. Acknowledgment
Participant acknowledges they have read and understand this Agreement, have had an opportunity to ask questions, and sign it voluntarily. Participant understands that refusal to sign will result in being unable to participate in GRFPD activities requiring this waiver.

LIABILITY WAIVER & RELEASE FOR TRAINING AND EQUIPMENT USE
Department Copy

Acknowledgment

Participant acknowledges they have read and understand this Agreement, have had an opportunity to ask questions, and sign it voluntarily. Participant understands that refusal to sign will result in being unable to participate in GRFPD activities requiring this waiver.

Participant Name: _____
Signature: _____
Date: _____

Parent/Guardian (if under 18): _____
Signature: _____
Date: _____

GRFPD Representative: _____
Date: _____