



## Chiloquin Fire & Rescue

### Fire/Rescue/EMS

PO Box 437  
201 S First Ave.  
Chiloquin, OR 97624  
541-783-3860

### Volunteer Application

All pages of the application must be complete and in the applicants own handwriting. If the applicant requires assistance in completing the application, please notify a District representative.

Date of application \_\_\_\_\_

**Position**

\_\_\_\_\_ Fire Fighter

\_\_\_\_\_ EMS only

\_\_\_\_\_ Non-Combatant  
(Special Service)

\_\_\_\_\_ Cadet (Wrk. Exp.)

\_\_\_\_\_ Other (list) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number Street City Zip

Phone \_\_\_\_\_  
Home Work Message

Date of Birth \_\_\_\_\_ Driver Lic. # \_\_\_\_\_ Email \_\_\_\_\_

DPSST # (if applicable) \_\_\_\_\_

Previous Department Affiliation \_\_\_\_\_

### Education

High School \_\_\_\_\_ Location \_\_\_\_\_  
Diploma/Degree \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ GED \_\_\_\_\_  
Institution awarding GED \_\_\_\_\_

College \_\_\_\_\_ Location \_\_\_\_\_  
Diploma/Degree \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_

Technical/Trade School \_\_\_\_\_ Location \_\_\_\_\_  
Diploma/Degree \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_

Professional School \_\_\_\_\_ Location \_\_\_\_\_  
Diploma/Degree/Certification \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_

Please list any special skills, training or educational courses that might contribute to the position applied for: \_\_\_\_\_  
\_\_\_\_\_

### Work Experience

Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_

### Sponsorship (if applicable)

Provide the name(s) of District personal sponsoring your membership.

\_\_\_\_\_  
\_\_\_\_\_

### Parental Authorization (Cadet & Work Experience Program)

If the applicant has not reached the age of 18 years, Parental Authorization is required.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_

### School Authorization (Work Experience Program Only)

\_\_\_\_\_  
School Program Director Signature

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_ School Period \_\_\_\_\_  
List School Period & Time at Fire Station

## Verification of Information Statement

**IMPORTANT:** Please read the following statements carefully and initial each paragraph before signing. Your initial indicates you have read and understand each paragraph and your signature enacts the document.

By my signature and initials below, I certify that the information provided with my Volunteer Application is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for volunteer status, and may result in my dismissal from the Fire District, if discovered at a later date. I agree to immediately notify the District if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

\_\_\_\_\_ Initial

I authorize the investigation of all statements contained in the application. I also authorize the District to perform a criminal background check and driving records check as required.

\_\_\_\_\_ Initial

I further authorize any person, school, current employer and organizations named in the application to provide the District with relevant information and opinion that may be useful to the District in making a decision concerning my membership as a Volunteer for the District. I also release such persons and/or organizations from any legal liability in making such statements.

\_\_\_\_\_ Initial

If the District makes an offer of volunteer status to me contingent upon passing a pre employment physical examination and drug-screening exam, I consent to such examination. I consent to the release of subsequent medical information as may be deemed necessary to determine my physical capability to perform the work applied for.

\_\_\_\_\_ Initial

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

## Release and Waiver

### General Release Waiver

I hereby request and authorize the release of documents and information pertinent to my application for volunteer status to Chiloquin Fire & Rescue District. I authorize the Chiloquin Fire & Rescue to inquire concerning my background in connection with my application for volunteer status. I agree to hold the district, agents and employees harmless from all liability, which might arise with the disclosure of my personal information to Chiloquin Fire & Rescue for the purpose of volunteer status with the District.

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

Parent or Guardian (if applicable)

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

### Driving Record Release

I hereby authorize the Chiloquin Fire & Rescue to obtain a copy of my driving record in connection with my application for the position of Volunteer with the District. I acknowledge and understand that my driving record is a consumer report that contains public information. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record. This authorization shall remain in effect and on file with the District for the duration of my active membership, and shall serve as an ongoing authorization to procure my driving record at anytime during my membership. I understand that the District may take adverse action affecting my membership, based on information in my driving record. If such adverse action is taken, I acknowledge my rights are as follows:

- The District must notify me in writing of any such adverse action.
- I have the right to receive a copy of the driving record upon which the adverse action is based.
- I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address, and phone number of the consumer reporting agency that provided my driving record to the District.
- I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date the District took the adverse action.
- I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it, and request that errors be corrected.

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