

# MOUNT ANGEL FIRE DISTRICT



## VOLUNTEER FIREFIGHTER APPLICATION



Mt Angel Fire  
Website

Use your smart  
phone camera  
to look at QR  
codes.



Please read the list of Minimum Requirements. If you do not meet all of the Minimum Requirements, your application will be retained for 6 months, or until such time as all the requirements are met.

## MIMIMUM REQUIREMENTS

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- **All Mt. Angel Volunteer Firefighters are required to be legal U.S. Residents.**
  - **All Mt. Angel Volunteer Firefighters/EMT's must possess a valid Oregon Driver's License and be an insurable driver.**
  - **All Mt. Angel Volunteer Firefighters/EMT's are required to be at least 18 years of age prior to being considered for membership.**
  - **All Mt. Angel Volunteer Firefighters/EMT's are required to live or work within the boundaries of the fire district.**
  - **All Mt. Angel Volunteer Firefighters are required to successfully complete the Mt. Angel Fire District Recruit Academy**
  - **All Mt. Angel Volunteer Firefighters are required to attend a minimum of 15 drills and calls per calendar quarter.**
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**MT. ANGEL FIRE DISTRICT**  
300 Monroe Street / Post Office Box 335  
Mt. Angel, OR 97362  
[mafd@mtangelfire.org](mailto:mafd@mtangelfire.org)

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All pages of this application must be completed. If any part of the application does not apply to you, use the letters NA. All information given is kept confidential for your protection. If you need assistance completing this application, please contact us at 503-845-2438.

**Please print or type**

**Position Applying For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**18 Years or Older?**  YES  NO

**Home Address:**

\_\_\_\_\_ Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip

**Mailing Address:** (if different from above)

\_\_\_\_\_ Street/PO Box \_\_\_\_\_ City, State \_\_\_\_\_ Zip

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Message Phone:** \_\_\_\_\_

**Drivers License #:** \_\_\_\_\_

**Have you had any auto accidents or moving violations in the last 3 years?** \_\_\_\_\_ **How many?** \_\_\_\_\_

**If yes please explain:** \_\_\_\_\_

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

## EDUCATIONAL HISTORY

School	Name & Location	Course of Study	Years Completed	Degree/ Diploma
<b>High School or GED</b>				
<b>College</b>				
<b>Graduate</b>				
<b>Business or Trade</b>				

**Do you have any other schooling or certifications?**

**Explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## WORK EXPERIENCE

Please list your work experience for the past five years beginning with the most recent job held. If you were self-employed, give business name. Attach additional sheets if necessary.

<u>Present Employer</u>	<u>Supervisor Name</u>	<u>Start Date</u>
_____	_____	_____
<b>Address:</b> _____		
<b>City, State, Zip:</b> _____		
<b>Phone #:</b>	<b>Your job title:</b>	
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>		
_____		
_____		
_____		
_____		
_____		
_____		

**May we contact your supervisor/employer?**

YES     NO

<b><u>Previous Employer</u></b> _____	<b><u>Supervisor Name</u></b> _____	<b><u>Employment Dates</u></b> <b><u>Start Date / End Date</u></b> _____
<b>Address:</b> _____ <b>City, State, Zip:</b> _____		
<b>Phone #:</b>	<b>Your last job title:</b>	
<b>Reason for leaving (be specific):</b> _____ _____		
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b> _____ _____ _____		

**VOLUNTEER EXPERIENCE**

Please list your volunteer experience you may have. Attach additional sheets if necessary.

<b><u>Name of Organization</u></b> _____	<b><u>Volunteer Period</u></b> <b><u>Start Date / End Date</u></b> _____
<b>List the jobs you held, duties performed, skills used or learned, while you volunteered at this Organization.</b> _____ _____ _____	

<b><u>Name of Organization</u></b> _____	<b><u>Volunteer Period</u></b> <b><u>Start Date / End Date</u></b> _____
<b>List the jobs you held, duties performed, skills used or learned, while you volunteered at this Organization.</b> _____ _____ _____	

## FIREFIGHTER/EMT EXPERIENCE

**Have you ever been a member of another Fire or EMS Agency?** \_\_\_\_\_

If Yes, provide the following: (attach additional sheet(s) if necessary)

<u>Name of Organization</u>	<u>Supervisor Name</u>	<u>Dates</u> <u>Start Date / End Date</u>
_____	_____	_____
<b>Reason for leaving (be specific):</b>		
_____		
_____		
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>		
_____		
_____		
_____		

**Please attach a copy of any fire certifications you may have.**

**Are you currently certified as an EMT?**

YES       NO

If yes, please attach a copy of certification or letter of reciprocity.

**How long have you resided within the Mt. Angel Fire District?** \_\_\_\_\_

**Can you leave work for emergency calls?**

YES       NO

**Are you able to attend Wednesday night drills from 6-10PM?**  YES       NO

**Can you be late for work because of an emergency call?**  YES       NO

**Please list 3 people who can be contacted as a character reference for you: (No Family)**

1: _____	Phone # _____
2: _____	Phone # _____
3: _____	Phone # _____

**Please explain your interest in becoming a member of the Mt. Angel Fire District:**

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*By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected or my status as a member be terminated.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# MT. ANGEL FIRE DISTRICT

## Pre-Membership Agreement Authorization to Release Information

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### **AUTHORIZATION TO RELEASE INFORMATION**

*Please read carefully and initial each statement before signing*

#### **Statement**

#### **Initials**

My membership with the Mt. Angel Fire District is contingent upon investigation of my background, including but not limited to: character, criminal and driving history.

\_\_\_\_\_

I understand that this document, signed by me, authorizes the Mt. Angel Fire District to investigate criminal record, driving record, employment history, and any other records deemed necessary to determine job related qualifications for a volunteer position with the Mt. Angel Fire District.

\_\_\_\_\_

I certify that I have never been arrested or convicted of a felony. Any exceptions are explained in writing and attached to this document. Should any statements or claims be found to be fraudulent, I fully understand that I may be terminated or disqualified from all membership considerations with the Mt. Angel Fire District.

\_\_\_\_\_

I understand that this document signed by me authorizes the Mt. Angel Fire District to administer pre-employment physical and drug screens to me. All screening will be administered at a date and time imposed by the Mt. Angel Fire District. All costs will be incurred by the Mt. Angel Fire District.

\_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date