



Volunteer Application Package

Instructions:

- Follow all instructions and answer all questions.
- *Ensure that all handwriting is legible.*
- Complete all fields. Do not leave any field blank. If any item does not apply write N/A.
- **Do not** include copies of diplomas, certifications or transcripts. Note that information where requested in the application.
- Keep a copy of your application.

****NOTICE** – *while marijuana is legal in the State of Oregon for both medicinal and recreational use, it remains federally prohibited. Use of marijuana, or any illegal drug, is an automatic disqualifier for service. All applicants and affiliated personnel are subject to drug testing.*

Return applications in person or by mail to:

Marion County Fire District #1
Attn: Volunteer Coordinator
300 Cordon Rd NE
Salem, Oregon 97317

Marion County Fire District #1

VOLUNTEER APPLICATION

Indicate position applied for: _____

Full Name (Last, First, Middle (not initial))		
Current Street Address of Residence		Current City of Residence
Mailing Address <input type="checkbox"/> Check if current mailing address is same as above.		Current State & Zip + 4
Phone Number () -	Email Address	Do you have a valid Driver's License? No <input type="checkbox"/> Yes <input type="checkbox"/> State Issued

List all addresses for the last 5 years if less than 5 years at current address above. Use additional paper if needed. If no additional addresses, indicate **No Others**.

Dates (mm/yyyy to mm/yyyy)	Street Address	City	State, Zip
/ to /			,
/ to /			,
/ to /			,

FIRE & EMS RELATED EXPERIENCE

List **any** and **all** previous firefighting and/or EMS experience. Use additional paper if needed. If none, indicate **No prior experience**.

Dates (mm/yyyy to mm/yyyy)	Department, District or Agency Name	City	State, Zip
/ to /			,
/ to /			,
/ to /			,

CURRENT/FORMER EMPLOYMENT

List **all** employers and volunteer related organizations for the last 5 years including seasonal and part time. **Do not** list volunteer firefighting or EMS related experience in this area. Use additional paper if needed.

Dates (mm/yyyy to mm/yyyy) / to Present	Organization/Business Name		Mailing Address	
Supervisor Name	Supervisor Phone () -	Supervisor Email	City	State, Zip ,
Dates (mm/yyyy to mm/yyyy) / to /	Organization/Business Name		Mailing Address	
Supervisor Name	Supervisor Phone () -	Supervisor Email	City	State, Zip ,
Dates (mm/yyyy to mm/yyyy) / to /	Organization/Business Name		Mailing Address	
Supervisor Name	Supervisor Phone () -	Supervisor Email	City	State, Zip ,
Dates (mm/yyyy to mm/yyyy) / to /	Organization/Business Name		Mailing Address	
Supervisor Name	Supervisor Phone () -	Supervisor Email	City	State, Zip ,

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GENERAL EDUCATION (minimum qualification requires High School Graduation or GED equivalent)		
High School Name or GED Issuing Institution	City, State	Graduation Year
I certify that I (check one) <input type="checkbox"/> graduated from high school or <input type="checkbox"/> received my GED.		

COLLEGE EDUCATION					
Dates (mm/yyyy to mm/yyyy)	Name	City, State	Major	Type	Graduated
/ to /		,			<input type="checkbox"/> Yes
/ to /		,			<input type="checkbox"/> Yes
/ to /		,			<input type="checkbox"/> Yes

FIRE & EMS TRAINING	
List all completed FEMA NIMS, NFPA, IFSAC, EMS (state or national) or other fire related certifications that you have received that is related to the position for which you are applying. Do Not include copies of training certifications or records when submitting application. If you have no previous fire and/or EMS training, write ' No Previous Training '.	
Oregon DPSST Fire Certification No:	Other:
Oregon EMS Certification No:	National Registry Certification No:

RELATED TRAINING, SKILLS & ABILITIES
List any non-fire related training, skills or abilities that you possess that may be helpful to the Fire District or Volunteer Foundation. Examples include but are not limited to computers, networking, carpentry and electrical trades.

REFERENCES			
List 3 references giving complete names, addresses, phone number, email address and number of years known. Do not list former employers, supervisors or immediate family members.			
Name	Mailing Address	City	State, Zip
Phone () -	Email	Relationship	Years Known
Name	Mailing Address	City	State, Zip
Phone () -	Email	Relationship	Years Known
Name	Mailing Address	City	State, Zip
Phone () -	Email	Relationship	Years Known

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Background Investigation Related Information – Confidential

DRIVING RECORD			
List any and all driving citations, accidents (regardless of severity, fault or degree of property damage) and contacts with law enforcement where a driving citation could have been issued for the past 3 years. Use additional paper if needed. If none, mark ' None '. Do not leave blank.			
Date (dd/mm/yyyy)	Violation/Infraction/ORS/Location of Accident	Police Agency	Court Disposition
/ /			
/ /			
/ /			
/ /			
/ /			

ARREST & CRIMINAL COURT RECORD			
List any and all incidents of major traffic crimes (including DUII diversions), criminal arrests, citations to appear in court in lieu of arrest (cite & release), and contacts with law enforcement where you were named a 'Suspect' Do not list traffic infractions/violations. Use additional paper if needed. If none, mark ' None '. Do not leave blank.			
Date (dd/mm/yyyy)	Arrest/Crime/ORS	Police Agency	Court Disposition
/ /			
/ /			
/ /			
/ /			
/ /			

PHYSICAL CAPACITY
A general statement of activities and physical requirements is provided within each position description for your reference. If you have not reviewed the position description for which you are applying for, you should do that now. After having reviewed those physical requirements, list any physical conditions, defects, disabilities or health conditions you have which you believe may limit your ability to perform the functions of the position for which you are applying. If you have none, write ' None '. Do not leave blank.

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AGREEMENT

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of application or service.

SIGNATURE OF APPLICANT *IN FULL*

DATE COMPLETED

Social Security Number: _____ - ____ - _____

Date of Birth (mm/dd/yyyy): ____ / ____ / _____ / _____

Driver's License Number / State Issued

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AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

APPLICANT'S NAME _____

CURRENT ADDRESS _____

TELEPHONE NUMBER _____

DATE _____ SIGNATURE _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with Marion County Fire District #1. The District needs to thoroughly investigate my background and personal history to evaluate my qualifications for this position. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to Marion County Fire District #1. Employment history includes but is not limited to any records or information related to my application(s) for employment, whether or not I was ever hired.

I hereby authorize any representative of Marion County Fire District #1 bearing this release to obtain any information in your files pertaining to my employment records, employment application records, records and information obtained in the application process while determining my suitability for employment, recruitment records, background investigation records, or any part thereof, regardless of whether those records are considered public, private or confidential. The intent of this authorization is to provide full and free access to my background and history, for the specific purpose of conducting a background investigation that may provide relevant information for Marion County Fire District #1 to consider in determining my suitability for volunteerism with Marion County Fire District #1.

The intent of this release agreement is to authorize the agency that is releasing records and information ("releasing agency") to release any and all records and information the releasing agency has in its files on me, the above name applicant, regardless of whether I was ever hired by releasing agency. It is my specific intent to provide access to employment application records and documents (including any and all information obtained by releasing agency during its investigation into my suitability for association with releasing agency), recruitment, personal, background, and personnel information, however personal or confidential it may appear to be. **This release agreement does not authorize the release of any medical records.** Employment application records are defined as any and all information and documents, written or oral, obtained or received by releasing agency in the processing of an application for employment with the releasing agency, which includes but is not limited to background investigation records and information, regardless of the stage the applicant made it to, or did not make it to, in the application process and regardless of whether the applicant was ever hired.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, employment application records, my financial records as permitted by law, my criminal history including any arrest records, any information in investigatory files, efficiency ratings, complaints or grievances against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another in any case in which I was involved, attendance records, polygraph examinations, any internal affairs investigations and discipline, including any files which are deemed to be confidential or sealed. I specifically authorize the release of law enforcement or criminal records and information from law enforcement agencies.

I hereby release you, your organization/releasing agency, and all others from liability or damages that may result from furnishing the requested information, regardless of any prior agreement I have made with you or your organization to the contrary. For and in consideration of releasing agency's acceptance of this release and

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furnishing of any information or documentation pursuant to this release, I agree to hold harmless and indemnify releasing agency, its officers, agents, and employees from any claim or liability associated with my background check, the release of records and information releasing agency has, and any decision to accept, not accept, or cease to affiliate me with Marion County Fire District #1.

For and in consideration of the Marion County Fire District #1 acceptance and processing of my application for volunteer and background check, I agree to hold harmless and indemnify Marion County Fire District #1, its officers, agents, and employees from any claim or liability associated to my background check and any decision to accept, not accept, or cease to affiliate me with Marion County Fire District #1. I understand that if information of a serious criminal nature is discovered in this investigation, that information will be turned over to the proper authorities.

I understand that the Privacy Act, 5 USC § 552a, prohibits disclosure of certain federal records without my signed authorization or other statutory exemption. My signature above indicates my express permission to release these records pursuant to 5 USC § 552a (b), to Marion County Fire District #1 for their use in conducting this background check.

A photocopy, e-mail transmission, or telephonic facsimile (fax) of this release shall be valid as an original, even though such photocopy or fax does not contain my original signature. This release is valid for six months from the date of my signature.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public for the State of _____

In the County of _____

My commission expires the _____ day of _____, 20____.

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How did you hear about Marion County Fire District #1?

Sign at Station: Which Station? _____

Current FireFighter: Who can we thank for your interest? _____

Radio Ad: Which Radio Station? _____

MCFD #1 Website:

MCFD #1 Social Media Source: Facebook Twitter

Community Event: Which event did you see us at? _____

Electronic Readerboard: Where: _____

Bulletin Board: Where: _____

Daily Dispatch:

Other: Please identify: _____