



North Lincoln Fire & Rescue District #1  
PO Box 200, Lincoln City, OR 97367

# Volunteer Application

*Qualified applicants are considered for membership without regard to age, race, color, religion, sex, national origin, sexual orientation, veteran status, or any other legally protected status or characteristic.*

<b>Position/Areas of Interest:</b>	<b>Why do you want to be a volunteer with North Lincoln Fire &amp; Rescue?</b>
<input type="checkbox"/> Firefighter	_____
<input type="checkbox"/> Water Rescue	_____
<input type="checkbox"/> EMS	_____
<input type="checkbox"/> Support	_____

Today's Date: \_\_\_\_\_

## PLEASE PRINT / FILL OUT COMPLETELY

Last Name	First Name	Middle Name	(Maiden Name)
Street Address		Mailing Address, if different	
City	State	Zip Code	
Home Phone	Cell Phone	Email Address	

How did you learn that North Lincoln Fire & Rescue is looking for volunteer applicants?

- Referred by current volunteer or employee
- Recruitment ad on the radio
- Recruitment ad on a billboard
- Recruitment ad in the newspaper
- Article in the newspaper
- Other (please specify) \_\_\_\_\_

How many years do you think you will be able to volunteer for North Lincoln Fire & Rescue?

\_\_\_\_\_

## CURRENT EMPLOYER INFORMATION

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address or PO Box	City	State	Zip
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Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Length of Employment (start & end dates): \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

***If more than one current employer, use a separate sheet of paper.***

**PAST EMPLOYMENT HISTORY**

List employers for the past five (5) years and provide a contact name and phone number. Use a separate page if necessary.

**(1) Past Employer:** \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or PO Box City State Zip

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Length of Employment (start & end date): \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_ Reason for Leaving: \_\_\_\_\_

**(2) Past Employer:** \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or PO Box City State Zip

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Length of Employment (start & end date): \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_ Reason for Leaving: \_\_\_\_\_

**(3) Past Employer:** \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or PO Box City State Zip

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Length of Employment (start & end date): \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_ Reason for Leaving: \_\_\_\_\_

**(4) Past Employer:** \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or PO Box City State Zip

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Length of Employment (start & end date): \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_ Reason for Leaving: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list 3 individuals other than relatives or supervisors, who have known you for more than one year.

\_\_\_\_\_  
Last Name First Name Phone Relationship – how long?

\_\_\_\_\_  
Last Name First Name Phone Relationship – how long?

\_\_\_\_\_  
Last Name First Name Phone Relationship – how long?

**GENERAL INFORMATION**

Please describe any skills or specialized training you bring with you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION HISTORY**

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Diploma or GED? Yes \_\_\_ No \_\_\_

College Name                      Location                      Dates – From/To                      Major, Degree or Certificate

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

**FIRE SERVICE / EMERGENCY MEDICAL SERVICE AGENCIES**

Please list all Fire Service or Emergency Medical Service agencies you have worked or volunteered for in the past. Use a separate page if necessary. Please provide the reason for leaving each agency.

(1) Agency & Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

(2) Agency & Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Please provide a copy of any Fire Service/EMT Certifications or training records.

**MILITARY SERVICE**

Please list any military service, including dates: \_\_\_\_\_

Please provide a copy of your DD214 for any military service.

**DRIVING HISTORY**

**DRIVING RECORD:**

List any and all driving citations or chargeable accidents you have had within the last five (5) years.

If none, mark N/A \_\_\_\_\_

Date                      Type of Citation/Accident                      Name & Location of Court

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

By my signature below, I certify that my 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 of North Lincoln Fire & Rescue District #1 may be terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for membership.

**Release and Authorization for Perpetual Use of Name, Image, Likeness and Voice; Intellectual Property and Copyright Assignment**

If appointed as a volunteer, I hereby consent to and authorize the use of my name, image, likeness, and voice, in whatever form recorded, reproduced or depicted, by North Lincoln Fire & Rescue District #1, for any purpose, including, but not limited to: recruitment, public relations, advertising, fundraising, education and training. This release and authorization shall be perpetual and shall apply during and after my tenure as a volunteer. I understand that news media (radio, television, magazine, newspaper, webcasts, blogs, etc.) capture candid images at events at which personnel may be present and reproduce and/or publish these images. I further assign all copyright, trademark, or other intellectual property rights I may have in any materials which I may create for North Lincoln Fire & Rescue District #1. I understand that I will not receive any financial compensation for any of the above-described uses of my name, image, likeness or voice, or for any copyright, trademark or intellectual property assigned by this paragraph.

**Applicant Initials** \_\_\_\_\_

**Physical Exam & Medical Records Release Waiver and Records Authorization**

In connection with my application, I understand that if North Lincoln Fire & Rescue District #1 makes me an offer of appointment to volunteer status (except for some support service positions), the offer is contingent upon my passing a pre-appointment physical examination, including a drug screening exam and physical exam related to the volunteer position for which I am applying, and I consent to such examination. I consent to releasing any medical information as may be deemed necessary by North Lincoln Fire & Rescue District #1, making the contingent offer of appointment to enable them to judge my capability to perform the essential job functions of the position for which I am applying. Further, I grant permission to North Lincoln Fire & Rescue District #1 to demand at any time a drug and/or alcohol screening while I am in the capacity of a volunteer for the District.

**Applicant Initials** \_\_\_\_\_

**I understand that this application will be kept on file from the date received (as listed below) and that it is my responsibility to update this application or re-apply as needed.**

I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE.

\_\_\_\_\_  
Printed Name Date

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

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

A photographic copy or facsimile of this document shall be valid for all purposes present and future.  
This release will be kept on file for the duration of membership.

***Qualified applicants are considered for membership without regard to age, race, color, religion, sex, national origin, sexual orientation, veteran status, or any other legally protected status or characteristic.***

**Please print legibly your name as it appears on your driver's license.**

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

**Please list any other names used and dates of name change during the last ten (10) years, including changes by marriage, and maiden name.**

\_\_\_\_\_  
FULL NAME DATE

\_\_\_\_\_  
FULL NAME DATE

\_\_\_\_\_  
FULL NAME DATE

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

**RESIDENCES: Please list residences in the last ten (10) years:**

State \_\_\_\_ City \_\_\_\_\_ Address \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_  
State \_\_\_\_ City \_\_\_\_\_ Address \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_  
State \_\_\_\_ City \_\_\_\_\_ Address \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_  
State \_\_\_\_ City \_\_\_\_\_ Address \_\_\_\_\_ Years: \_\_\_\_ to \_\_\_\_

**INVESTIGATIVE CONSUMER REPORT AUTHORIZATION:**

In connection with my application, I understand that an investigation report may be requested which may include my court records, both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, education, experience, work habits, and reason for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment and/or application for volunteer with North Lincoln Fire & Rescue District #1 to obtain an investigative report. I hereby release and discharge North Lincoln Fire & Rescue District #1 (their employees, agents, volunteers, and any individual or agency obtaining information for them) for any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or the disclosure of information in connection with this background investigation I hereby agree that a photographic copy of telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand, and agree with the above.

Printed Name: \_\_\_\_\_

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

Printed Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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