



# Aumsville Rural Fire District

490 Church Street, P.O. Box 247, Aumsville, Oregon 97325-0247  
(503) 749-2894 FAX (503) 749-2182 ~ E-Mail: Aumsville@aumsvillefire.org

## Volunteer Application

Position applying for:  Cadet  District Link Support Personnel  Firefighter  Tender Operator

### INSTRUCTIONS

1. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. All information on this application will be held in strict confidence.

2. Include the following with this application:

- Return two (2) Reference Forms, one personal and one professional or educational.
- Attach any other letters of reference.
- Attach a photocopy of your Oregon Driver's License and driving record.

If volunteering as a firefighter, include:

- A letter or certificate from your doctor that states you are physically fit to perform the duties of a firefighter.
- Attach a copy of any fire and/or EMS certificates or licenses.

### PERSONAL DATA

Last Name	First Name	Middle Name	
Present Street / Mailing Address	City	State	Zip Code
Home Phone (____) ____ - _____		Mobile Phone (____) ____ - _____	Email _____
How long at this address? _____	Are you 16 years old or older? Yes ___ No ___		
	Are you 18 years old or older? Yes ___ No ___		
	(If under 21 years old, you must be sponsored by a current member)		
Driver's License Number _____ State _____	Sponsor Name _____		

### GENERAL INFORMATION

Are you legally eligible to work in the USA? Yes \_\_\_ No \_\_\_  
Would you take a physical examination and drug screening if it is required? Yes \_\_\_\_\_ No \_\_\_\_\_

### WORK HISTORY

List names of employers in consecutive order with present or last employer listed first, for the last five (5) years.

Current Employer	Dates of Employment	Phone Number
Address	City, State	Zip Code
Former Employer	Dates of Employment	Phone Number
Address	City, State	Zip Code

**EDUCATION**

Name, address and location of school

Highest grade completed

Did you graduate?

High School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College or University: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIOR EXPERIENCE**

Have you ever been an employee / volunteer of a fire department? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when and where?

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

**AVAILABILITY**

Volunteers are subject to respond without prior notice. Which days of the week and time of the day are you most readily available? \_\_\_\_\_

Are you available for drills and business meetings on Tuesday evenings? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain.

\_\_\_\_\_

**SKILLS & GOALS**

List any training, experience, certifications, skills or additional information you feel may be helpful to the Fire District.

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

What are your goals, short-term and long-term, related to training, fire and/or EMS?

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

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 responses; my application may be rejected or my participation/employment with the Fire District terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for employment and further give my permission for the agency or their agent (s) to conduct the required background checks including a police records check.

Further, the Fire District may require a pre-employment physical with a physician retained by the agency. Such physical may include a drug screening test. My signature below serves as authorization to the physician to release all information relative to the pre-employment physical and drug testing results. If such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the agency terminated.

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

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

App. Received
Interviewed
Chief Interview
Regular Member

# Aumsville Rural Fire District

## Reference Form

*Applicant—2 reference forms are required*

(Name) \_\_\_\_\_ is applying for a position with the Aumsville Rural Fire District for the position of \_\_\_\_\_ and would like you to provide a reference. The applicant and the Fire District would appreciate your comments on the following items. *(Use additional pages if necessary)*

**Please complete and mail to:**            **Aumsville Rural Fire District**  
   **Attn: Fire Chief**  
   **P.O. Box 247**  
   **Aumsville, OR 97325-0247   or   FAX to 503-749-2182**

1. *How long have you known the applicant, and in what capacity (friend, neighbor, employee, student)?*

2. *Please comment on the qualities which you feel would qualify (or disqualify) the applicant for the position.*

3. *Please comment on the applicant's maturity and sincerity of interest in a career in the fire service.*

Signature:	
Printed Name:	
Date:	Phone Number:
Address:	

Office Use Only
Date Received
Contacted:

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