

**Mason County Fire Chiefs**



**Association**

# **Now Accepting Applications for the Mason County Volunteer Chaplain Program**

*Provide comfort, reassurance and guidance to those in Mason County who are displaced by fire or experience an emotionally traumatic incident.*



## Chaplain's Role

We want to thank you for your interest in joining the Mason County Volunteer Chaplain Program. As a Volunteer Chaplain, you will provide comfort, reassurance and guidance to those in Mason County who are displaced by fire or experience an emotionally traumatic incident.

Volunteer Chaplains are to be selfless, empathetic and caring. They must be emotionally and spiritually mature, and desire to share hope and comfort with survivors of tragedies. Chaplains must be able to sit with someone experiencing loss or grief, while simultaneously providing any necessary logistical support and/or coordination.

Being a volunteer chaplain to those who have experienced loss and pain is a rewarding opportunity; however, it can also be very challenging due to the emotional and spiritual demands involved. Please read this document carefully as you consider applying to become a Mason County volunteer chaplain.

## Important Dates

- **Opening Date:** August 15, 2022
- **Open Information Night:** September 15, 2022
- **Closing Date:** September 23, 2022
- **Mason County Chaplain Academy:** Mondays, 5:30 p.m. to 8:00 p.m.; September 26 through November 14

## Minimum Requirements

- Applicants must be 18 years of age or older
- Hold a valid WA State driver's license with an acceptable driving record
- Pass a comprehensive background check
- While exposure to death/dying is helpful, experience as a Chaplain is not required

## Required Training

Prior to the start of Mason County's Chaplain Academy, applicants must complete the following online FEMA courses:

- IS-100.C: Introduction to Incident Command System
- IS-200.C: Basic Incident Command System for Initial Response
- IS-700.B: An Introduction to the National Incident Management



## Major Functions

- Be able to drive a vehicle as needed.
- Be in good physical health.
- Be willing to serve outside in poor weather conditions.
- Be willing to serve rotating 24-hour shifts.
- Be able to lift at least 25 pounds.
- Understand cellphone service may be limited or not available.
- Be a person of emotional and spiritual maturity.
- Always demonstrate a servant's heart.
- Be a good listener for extended periods of time.
- Focus on the emotional and spiritual care of others.
- Be able to sit with grief and loss.

## Application Submission Checklist

- Mason County Volunteer Chaplain Program Application
- One (1) Page Essay: What draws you to Chaplaincy?
- Current resume
- Three (3) Character Reference Letters (personal, professional, faith/spiritual)
- WA State Background Check Release

**Completed applications can be sent via email, fax, mail or hand delivered to:**

Attn: Renee Wassenaar, Executive Assistant  
North Mason Regional Fire Authority  
490 NE Old Belfair Hwy  
PO Box 277  
Belfair, WA 98528

Phone: 360-275-6711

Fax: 360-275-6224

Email: [rwassenaar@northmasonrfa.com](mailto:rwassenaar@northmasonrfa.com)





# VOLUNTEER CHAPLAIN APPLICATION

If you have any questions regarding the application process, please contact Executive Assistant Renee Wassenaar by email at [rwassenaar@northmasonrfa.com](mailto:rwassenaar@northmasonrfa.com).

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First*

Physical Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

Mailing Address: \_\_\_\_\_  
*City State ZIP Code*

\_\_\_\_\_ *Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date Available: \_\_\_\_\_

Do you have or can you obtain a Washington state driver's license?  YES  NO

Have you ever been convicted of a felony?  YES  NO

If yes, explain: \_\_\_\_\_

## SKILLS AND EXPERIENCE

**Please indicate if you have any of the following skills or training:**

- |   |  |
|---|--|
| <input type="checkbox"/> CPR  | <input type="checkbox"/> Highway Safety and Flagging             |
| <input type="checkbox"/> First Aid                                      | <input type="checkbox"/> Communications and Radios               |
| <input type="checkbox"/> Fire Safety Systems (alarms, extinguishers)    | <input type="checkbox"/> Certified Trade (mechanic, electrician) |
| <input type="checkbox"/> Rescue Procedure (lifeguard, auto extrication) | <input type="checkbox"/> Occupational Health and Safety          |
| <input type="checkbox"/> Commercial Driver's License (CDL)              | <input type="checkbox"/> Other _____                             |

**Please explain any previous chaplain experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain your spiritual or religious background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Please list any relevant education:

School Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Course of Study: \_\_\_\_\_ Degree \_\_\_\_\_

**EMPLOYMENT**

Please list any relevant (or most recent) employment:

Company Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable explain: \_\_\_\_\_

**DRIVING RECORD**

Full Name: \_\_\_\_\_  
*Last* *First*  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

List all notices of infractions or traffic citations (other than parking tickets) that you have received within the last five (5) years:

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

*Infractions or citations will not necessarily remove you from consideration.*

**MISCELLANEOUS**

Do you have any expectations of the program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about this volunteer opportunity?**

- Word of Mouth: \_\_\_\_\_
- Website: \_\_\_\_\_
- Advertisement In: \_\_\_\_\_
- Social Media: \_\_\_\_\_
- Other: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

*I certify that my answers are true and complete to the best of my knowledge. I understand that to be eligible for the Volunteer Chaplain Program, I must be willing and able to participate in the required training courses.*

*For determination of my potential membership eligibility, I hereby authorize release of educational, police, criminal and employment information pertinent to the position for which I am applying. I further authorize the Mason County Fire Chiefs Association to rely upon and use, as it sees fit, any of the information received. It is my intention that any copy of this authorization is as valid as the signed original.*

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

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**Attn: Renee Wassenaar, Executive Assistant  
North Mason Regional Fire Authority  
490 NE Old Belfair Hwy  
PO Box 277  
Belfair, WA 98528  
  
Phone: 360-275-6711  
Fax: 360-275-6224  
Email: [rwassenaar@northmasonrfa.com](mailto:rwassenaar@northmasonrfa.com)**

## Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: North Mason Regional Fire Authority

Agent business name if acting on behalf of the company for employment purposes: \_\_\_\_\_

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, \_\_\_\_\_, am an employee, prospective employee, or volunteer of  
Your name  
 the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee/Prospective employee/Volunteer full name ( <i>First, Middle, Last</i> )	Date of birth (mm/dd/yyyy)	WA driver license number
Employee/Prospective employee/Volunteer signature <b>X</b>	Date signed	

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney’s fees, arising from any incorrect or improper disclosure of individual names or addresses under this “Release of Interest;” any defects in any of Company’s procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the company named below.

Company name	Authorized representative name	Title
Address		

\_\_\_\_\_  
 Date and place (city or county) signed

**X**  
 \_\_\_\_\_  
 Authorized representative signature

**NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.**

**NMRF-A USE ONLY**



## Mason County Fire Chiefs Association Background Check Authorization Form

**Name:** \_\_\_\_\_  
Last First MI

**Previous/Other Names Used:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_  
Home Cell

**Current Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

**How long have you lived at this address?** \_\_\_\_\_

*The information contained on this authorization form is correct to the best of my knowledge.*

I hereby authorize the Mason County Fire Chiefs Association and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to the following areas: verification of social security number; credit reports; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; birth records; any other public records.

I further authorize any individual company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to the Mason County Fire Chiefs Association or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have, to include information or data received from other sources. The Mason County Fire Chiefs Association and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner, in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

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