



COMMUNITY VOLUNTEER APPLICATION

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:

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

Please explain any previous emergency volunteer experience: _____

Please explain any previous firefighter experience: _____

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 program, I must reside within the North Mason Regional Fire Authority service area and 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 North Mason Regional Fire Authority 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: _____

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

**Attn: Angie McCormick-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

AMcCormick@northmasonrfa.com