



## Redmond Fire & Rescue Redmond, Oregon Volunteer Program Application

The Redmond Volunteer Firefighters Association makes its decisions without regard to race, color, gender, sexual orientation, national origin, religion, marital status, age, prior industrial injury, mental or physical disabilities, unrelated to volunteer performance. The Redmond Volunteer Firefighters Association is drug a free organization. Applicants are subject to pre-participation drug testing.

POSITION APPLYING FOR:     STUDENT VOLUNTEER  
    VOLUNTEER FIRE FIGHTER

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THIS SPECIFIC VOLUNTEER POSITION. IT WILL NOT BE RETAINED FOR FUTURE POSITIONS. IF YOU DESIRE TO BE CONSIDERED FOR A POSITION AT A FUTURE TIME, YOU MUST FILE A NEW APPLICATION.

---

**DIRECTIONS: Print in INK or use typewriter. An incomplete application will not be considered. Use additional sheets if more space needed.**

---

1. \_\_\_\_\_  
Date                      Month                      Day                      Year
  
2. \_\_\_\_\_  
Name                      Last    First    Middle
  
3. \_\_\_\_\_  
Mailing Address                      PO Box or Street                      City    State                      Zip Code
  
4. \_\_\_\_\_  
Phone Number                      Home    Work (if permission to contact you at work)                      Cell Phone
  
5. Are you 18 years of age or older? Yes  No
  
6. Oregon Driver's License Number: \_\_\_\_\_
  
7. Please list any criminal convictions (other than traffic infractions) you have sustained. You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for participating in this program will be evaluated based upon the totality of circumstances, such as the nature of the crime, the timeliness of the conviction, or the type of work involved.  
**If you have never been convicted of a crime, state "none" below.**  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Have you ever volunteered for the Redmond Volunteer Firefighters Association before? Yes  No   
If yes, list date(s) volunteered and position(s) held: \_\_\_\_\_  
\_\_\_\_\_
  
9. Have you been issued a DPSST number? If so please provide number: \_\_\_\_\_

**10. EXPERIENCE** – Please list in chronological order, your complete work history, including paid and volunteer positions, military, and intern experience. Please attach a separate sheet or sheets if necessary. The information provided must be complete and accurate. A resume may be included, but will not substitute for completing this section.

• \_\_\_\_\_  
**NAME OF PRESENT OR LAST EMPLOYER, VOLUNTEER, OR MILITARY SERVICE**

Address	City	State	Zip Code	Telephone
JOB TITLE		IMMEDIATE SUPERVISOR'S NAME		
FROM (month/year)	TO (month/year)	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Starting Salary	Last Salary	May we contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No – if no explain:		

Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_  
 \_\_\_\_\_

• \_\_\_\_\_  
**NAME OF PRESENT OR LAST EMPLOYER, VOLUNTEER, OR MILITARY SERVICE**

Address	City	State	Zip Code	Telephone
JOB TITLE		IMMEDIATE SUPERVISOR'S NAME		
FROM (month/year)	TO (month/year)	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Starting Salary	Last Salary	May we contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No – if no explain:		

Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_  
 \_\_\_\_\_

• \_\_\_\_\_  
**NAME OF PRESENT OR LAST EMPLOYER, VOLUNTEER, OR MILITARY SERVICE**

Address	City	State	Zip Code	Telephone
JOB TITLE		IMMEDIATE SUPERVISOR'S NAME		
FROM (month/year)	TO (month/year)	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Starting Salary	Last Salary	May we contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No – if no explain:		

Specific Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**11. EDUCATION AND TRAINING** - Please List Education (HS diploma, GED) and/or Special Training/Certifications Received:

---

---

---

---

---

---

---

---

---

---

**12. REFERENCES** – List three (3) professional references, other than family, who are familiar with your work experience and job performance

1. \_\_\_\_\_

Name	Occupation	Address	Phone
------	------------	---------	-------

2. \_\_\_\_\_

Name	Occupation	Address	Phone
------	------------	---------	-------

3. \_\_\_\_\_

Name	Occupation	Address	Phone
------	------------	---------	-------

**13. EMERGENCY CONTACTS** – List 1 individual who should be contacted in the event of an emergency.

1. \_\_\_\_\_

Name	Relationship	Address	Phone
------	--------------	---------	-------

**14. CONDITIONS OF VOLUNTEER SERVICE**

**CERTIFICATION, AUTHORIZATION AND RELEASE:** I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that providing any false, inaccurate, incomplete, or misleading information may result in my disqualification from consideration for volunteer service with Redmond Fire & Rescue. I authorize Redmond Fire & Rescue to investigate the accuracy and truthfulness of all information provided on this application and to contact my current and former employers, listed references, and any other persons who can verify information provided on this application. I authorize all persons involved in the selection process to discuss and review the results of any such investigation or contacts. I further authorize all contacted persons and employers to provide to Redmond Fire & Rescue information concerning this application, my background, and my

suitability for work as a volunteer with Redmond Fire & Rescue. By signing below, I release from liability each person, employer, agency or organization who or which provides any information regarding me or my previous employment or experience and I further release Redmond Fire & Rescue, its officials, officers, employees, and agents from liability for any use or disclosure for purposes related to consideration of my Application to work as a volunteer with Redmond Fire & Rescue.

I understand, authorize, and agree that I may be required to undergo a personal background check, drug screen and driving record check as deemed necessary for my volunteer service. This may include, but is not limited to, obtaining records from the following sources: National Crime Information Center, Federal Bureau of Investigation, Oregon Law Enforcement Data System, and Redmond Fire & Rescue data.

If selected as a volunteer for Redmond Fire & Rescue, I will conform to the rules and regulations of Redmond Fire & Rescue. I understand and agree that my volunteer service can be terminated by Redmond Fire & Rescue at any time for any reason and that, as a volunteer, my service for Redmond Fire & Rescue is conducted without promise, expectations, or receipt of compensation for services rendered.

**As a volunteer for Redmond Fire & Rescue, you need to understand the extent to which you are and are not covered by Redmond Fire & Rescue's Insurance. Please read the following carefully and sign below.**

**Medical/Disability Insurance:** Workers' Compensation and Accidental Death & Dismemberment Insurance for certain covered loses are provided. However, Redmond Fire & Rescue does not provide personal medical, dental, or vision insurance coverage for volunteers.

**Driver's License Information**

Duties will include driving. List any driving convictions you have received in the past three (3) years.

\_\_\_\_\_

\_\_\_\_\_

Have you ever had your license suspended or revoked?  Yes  No If yes, please detail on separate sheet.

Have you ever been denied issuance of a license?  Yes  No If yes, please detail on separate sheet.

Duties will require you to drive your personal vehicle. List your insurance company and expiration date of your automobile policy.

Automobile Insurance company \_\_\_\_\_

Expiration date \_\_\_\_\_ Liability

Insurance policy limits: \_\_\_\_\_

**I have read and accept the *Conditions of Volunteer Service, Motor Vehicle Liability, and Medical/Disability Insurance* sections and understand and agree to these conditions. I authorize Redmond Fire & Rescue personnel to transport me for emergency medical care or treatment, if required.**

**X**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date