



**East Grays Harbor Fire and Rescue**  
112 North Second St  
P.O. Box 717  
Elma, WA 98541  
Phone (360) 482-3143  
Fax (360) 482-3152

East Grays Harbor Fire and Rescue is an Equal Opportunity Employer and does not unlawfully discriminate based on race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by Federal, State or local law.

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_  
                            First  Middle  Last

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current certifications (if any): EMR  EMT-B  Paramedic  FF1  FF2

Are you at least 18 years of age? Yes  No

Specify days and hours for which you are available: \_\_\_\_\_  
\_\_\_\_\_

How were you referred to the EGHFR? \_\_\_\_\_  
\_\_\_\_\_

Are you authorized to work in the United States? Yes  No

Have you ever applied here before? Yes  No  If yes, specify date(s): \_\_\_\_\_  
\_\_\_\_\_

Give the name and relationships of any relatives or friends that work for East Grays Harbor Fire and Rescue: \_\_\_\_\_

\_\_\_\_\_

Is there is anything that will prevent you from performing the essential functions of the position, or positions for which you are applying with or without reasonable accommodation? If so, explain: \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a criminal offense within the past 7 years?  
Yes  No  If yes, please explain the nature of the offense, date, court and description:

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

Note: Although the department may investigate criminal convictions that relate to fitness to perform the job for which you are applying, such convictions will not necessarily bar you from employment with either department.

Employment History: Start with your current or most recent employer:

1: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Duties performed: \_\_\_\_\_

2: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Duties performed: \_\_\_\_\_

3: Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Duties performed: \_\_\_\_\_

**EDUCATION RECORD:**

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Name of School	Years Attended	Did You Graduate?	Area of Study
High School: _____			
College: _____			
Other: _____			
Other: _____			

**PLEASE ATTACH COPY OF HIGH SCHOOL, GED OR COLLEGE DIPLOMA TO APPLICATION.**

**Personal References:**

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Professional References:**

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

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

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I authorize East Grays Harbor Fire and Rescue to investigate all statements in this application and to secure any necessary information from all my employers, references, academic institutions. I hereby release all those employers, references, academic institutions, and I release the fire department from all liability arising from the release giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the departments.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials, employment credentials, and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the departments have not employed me and for immediate dismissal if the departments have employed me. I also authorize the departments to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the department from any and all liability for its providing this information.

In the event of my employment with either department, I will comply with all rules, regulations, and policies set forth in East Grays Harbor Fire and Rescue's policy manual or the communications distributed by the either.

I understand that nothing in this employment, in the departments policy statements or personnel guidelines, or in my communications with any department official is intended to create an employment contract between the departments and me. I also understand that the departments have the right to modify its policies without giving me any advance notice of changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the departments unless it is made in writing and signed by the EGHFR Fire Commissioner's. I understand that if an employment relationship is established, I have the right to terminate my employment relationship at any time for any reason. I also understand that the departments will retain the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statement.

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Signature of Applicant

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Date

These departments are committed to non-discrimination in employment practices. To assist, the departments requests that you provide following information which will not be used in evaluating your application. Completion of this section is optional.

Sex:  Female  Male

Ethnic Origin:

- Asian or Pacific Islander
- American Indian or Alaskan Native
- Black
- White
- Hispanic

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**Persons with Disability**

Do you have a physical or mental impairment that substantially limits one or more major life activities? Yes  No  If yes, please explain:

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**Veteran Status**

Are you a veteran? Yes  No

Are you a disabled veteran? Yes  No

**Dates Served:**

From: \_\_\_\_\_ To: \_\_\_\_\_

Branch: \_\_\_\_\_

AUTHORIZATION TO RELEASE INFORMATION:

I, \_\_\_\_\_, hereby request and authorize to furnish East Grays Harbor Fire and Rescue with all information they may request concerning my work record, education history, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include all information of a confidential or privileged nature as photocopies of such documents, if requested.

This information will be used for the purpose of determining my eligibility for employment with East Grays Harbor Fire and Rescue.

I hereby release you and East Grays Harbor Fire and Rescue from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to be considered as an employee of either department.

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

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

Note: THIS FORM MAY BE RETAINED IN YOUR FILES.