



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

VOLUNTEER APPLICATION

We appreciate your interest in being a volunteer with East Grays Harbor Fire and Rescue. We want all our potential volunteers to have a good understanding of our district requirements for volunteers; these requirements are put into place to ensure the safety of our volunteer and career staff as well as those in the community that we serve.

East Grays Harbor Fire and Rescue is an ever-evolving combination department supported by career and volunteer firefighters and EMS personnel.

Our policy requires that you have a good driving record, pass a criminal background check, and complete a physical ability test. If you feel you meet the standards, please complete the application, and return them to us. The driving record and criminal background check will be conducted after acceptance to East Grays Harbor Fire and Rescue.

Once we have reviewed your application and contacted you, you will begin the testing and interview process. Whether you want to be a firefighter and/or EMT you will be required to complete the entire process. We conduct physical and written testing as well as oral board interviews frequently, you will be contacted with the next testing date.

- *The physical ability test consists of timed exercises that relate directly to fire service work and require a better than average fitness level to pass. (Regular exercising is recommended)*
- *The written test is to test your abilities in reading and basic math as it relates to fire service.*

Upon completion and passing of the written test as well as completion of the oral interview and have been accepted as a volunteer, you will be asked to get a physical exam (we will give you the proper forms upon successful completion of testing.) At this time, you will also be provided with the necessary paperwork for passing a driving record and criminal background check.

Becoming a volunteer firefighter or EMT takes a lot of time and hard work. Once you have completed our testing and application process you will be scheduled to begin training and be issued gear.

- *Fire academy includes over 130 hours of training on weeknights as well as multiple skills weekends. (Failing to attend all classes and skills weekends will result in failing the academy)*
- *The Grays Harbor EMT course is over 150 hours including evenings and occasional weekends. (Failing to attend all classes and practicals will result in failing the course)*
- *Both Fire Academy and EMT class are held once a year. Sign-up for these classes is approximately every December.*
- *You will be expected to attend a Thursday night weekly drill with an Officer who will provide valuable training and prepare you to be successful.*

Once you have completed the fire academy or EMT course you will be assigned to shift at one of our stations in Elma, Bush Creek, Satsop, or Porter (based on the location of your residence). You will participate in community events and attend regular training. You will be expected to respond to emergency calls and assist in maintaining our apparatus, equipment, and stations.

Thank you for your time and interest. We look forward to hearing from you soon. If you have questions about volunteering with East Grays Harbor Fire and Rescue; please contact Alison Sinclair at 360-482-3143 or via email at: asinclair@eghfr.org.



East Grays Harbor Fire and Rescue
112 N. 2nd St, Elma WA 98541
Ph: (360) 482-3143 ♦ Fax: (360) 482-3152
www.eghfr.org

PERSONAL DATA

FIRST NAME		MIDDLE INITIAL		LAST NAME	
PHYSICAL ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP
DATE OF BIRTH:		DRIVERS LICENSE #:		SOCIAL SECURITY #:	
CELL PHONE:		HOME PHONE:		PERSONAL EMAIL:	
Do you have any conditions which would prevent you from performing in this position? YES NO					
If yes, what accommodation would you need, if any, to assist you in performing your duties?					

EDUCATION

NAME OF SCHOOL	DEGREE	YEAR GRADUATED
HIGH SCHOOL:		
COLLEGE:		
OTHER:		
OTHER:		

EMPLOYMENT HISTORY

List your work experience for the last 3 years including self employment, military and periods of unemployment.	
MOST RECENT EMPLOYER	FROM-TO
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
REASON FOR LEAVING:	
EMPLOYER	FROM-TO
ADDRESS	PHONE

TITLE/POSITION	IMMEDIATE SUPERVISOR
REASON FOR LEAVING:	
EMPLOYER	FROM-TO
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
REASON FOR LEAVING:	

VOLUNTEER HISTORY

List any organizations you have volunteered for:

MOST RECENT VOLUNTEER ORGANIZATION	FROM-TO
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
DUTIES PERFORMED:	
REASON FOR LEAVING:	
VOLUNTEER ORGANIZATION	FROM-TO
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
DUTIES PERFORMED:	
REASON FOR LEAVING:	

RELATED EXPERIENCE

List any current certification you hold, example: CPR, EMR, EMT, Paramedic, FF1, FF2, Wildland FF2, NIMS

CERTIFICATES	EXPIRATION DATE	SKILLS

OTHER RELATED EXPERIENCE:

REFERENCES

List names and telephone numbers of 3 personal and 3 professional references:

NAME:	RELATIONSHIP/TITLE	PHONE OR EMAIL:
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PERSONAL REFERENCES

PROFESSIONAL REFERENCES

EMERGENCY CONTACTS

List names and telephone for primary and secondary emergency contacts:

NAME	RELATIONSHIP	PHONE NUMBER
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AGREEMENT

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 district 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 department has not employed me and for immediate dismissal if the department has employed me. I also authorize the department 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 the district, 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 district policy statements or personnel guidelines, or in my communications with any department official is intended to create an employment contract between the department and me. I also understand that the district has 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 district unless it is made in writing and signed by the EGHR 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 district 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.

Signature of Applicant

Date

BACKGROUND CHECK

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by East Grays Harbor Fire and Rescue at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by:

Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com> and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

East Grays Harbor Fire and Rescue may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. The investigations will be conducted by Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>

Signature: _____ Date: _____

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name		East Grays Harbor Fire and Rescue	
Agent company name (if applicable)			
Company/Agent company address			
112 N second st,		Elma WA 98541	
Authorized representative name		Title	
Alison Sinclair		Admin. Assistant	
Answer the following			
1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification			
<i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>			
X Authorized representative signs here.			
Date and place signed		Authorized representative signature	

→ **Employee, prospective employee, or volunteer**—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer		Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from			
<input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment <input checked="" type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed <input checked="" type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization			
Employer, prospective employer, or volunteer organization name			
East Grays Harbor Fire and Rescue			
Employer agent company name if acting on behalf of the company for employment purposes			
Authorization			
<i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i>			
X Please sign here.			
Signature		Date	