

# VOLUNTEER APPLICATION

Dear Prospective Volunteer:

Thank you for taking an interest by picking up a Volunteer Firefighter and or EMT Application for our District. It is important that you fill out the application completely and follow all directions. Keep this cover page for your reference and return the application to the Kellogg Station.

Being a Volunteer Firefighter and or EMT has its personal rewards in helping people and serving your community. Also, it can be time consuming; you must be able to commit your time to training and service.

The following procedure will be followed in selection of Volunteer Firefighters

1. All applications will be reviewed within a timely manner
2. All successful applications will be invited for an oral interview which will take place on a Tuesday night (may change due to emergency)
3. Upon completion of, and with approval of the interview board, you will be required to observe one business meeting and two regular monthly drills
4. After observance of the business meeting and two regular monthly training sessions, you will be voted on by full membership for probationary status
5. If accepted as a Firefighter, the policy and procedure manual, personal protection equipment, and a training binder will be issued. If accepted as an EMT or Auxiliary Volunteer, you will receive the policy and procedure manual. You will be required to attend business and training sessions, along with responding to emergencies and working as the driver / operators assistant
6. Complete the State approved, Essentials of Firefighting class when offered by the District or through the North Idaho Emergency Services Academy
7. Respond to emergencies for which you are trained and work under the direction of the incident commander
8. Attend one of the two regular monthly drill sessions. They are held the 4th Tuesday in Kellogg at Station 1 and the 4th Wednesday in Rose Lake at Doyle Road. The Business Meeting is held on the 1st Tuesday at the Pinehurst Fire Station. The Business Meeting is optional but highly recommended.

All of the above requirements, other issues, and safety concerns will be covered in detail during the oral interview. Again, thank you for your interest and we look forward to meeting with you.

Sincerely,

Scott Dietrich  
Fire Chief

Sincerely,

Jeff Frank, President  
Volunteer Firefighters Association

# VOLUNTEER APPLICATION

**Shoshone County Fire Protection District No. 2**  
**Volunteer Firefighter, EMT Application**  
**911 Bunker Avenue ♦ Kellogg ID 83837**  
**208-784-1188**

*Please Check All Positions Applying For: Firefighter\_\_\_\_\_ EMT\_\_\_\_\_ Auxiliary\_\_\_\_\_*

Please Print In Blue Ink

Last Name\_\_\_\_\_ First\_\_\_\_\_ M.I.\_\_\_\_\_

Other Names Used\_\_\_\_\_

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

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

Why do you want to be a volunteer?\_\_\_\_\_

\_\_\_\_\_

Do you have a valid Driver's License? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have a Commercial Driver's License, Class I or II? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you presently employed? Yes\_\_\_\_\_ No\_\_\_\_\_

What is your occupation?\_\_\_\_\_

Employer:\_\_\_\_\_

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

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

Have you ever been convicted, fined or placed on parole or probation, or given a suspended sentence in court?

Yes\_\_\_\_\_ No\_\_\_\_\_

(If Yes, please explain)\_\_\_\_\_

\_\_\_\_\_

Did you serve in the Military? Yes\_\_\_\_\_ No\_\_\_\_\_

Branch:\_\_\_\_\_ Years Served:\_\_\_\_\_

Highest Level of Education (completed) High School\_\_\_\_\_ College\_\_\_\_\_

# VOLUNTEER APPLICATION

Graduate School \_\_\_\_\_ Vocational/Technical \_\_\_\_\_

Are you currently a Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of School: \_\_\_\_\_

Area(s) of Study: \_\_\_\_\_

What times are you available: \_\_\_\_\_

\_\_\_\_\_

How many hours can you volunteer a week / month? \_\_\_\_\_

When can you start? \_\_\_\_\_

Do you have transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you furnish transportation for others? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list your skills, interests, hobbies, and community activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List previous volunteer experience and training you have received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did you dislike about it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you Literate in a Language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes can you Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

Which Language(s): \_\_\_\_\_

\_\_\_\_\_

Please list name, address, and phone number of 4 references, preferable 2 personal and 2 professional:

# VOLUNTEER APPLICATION

---

---

---

---

---

---

---

---

---

---

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_

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

---

**Name of Firefighter issuing Application**

# VOLUNTEER APPLICATION

## VOLUNTEER STATUS AGREEMENT *Shoshone County Fire Protection District No. 2*

I, \_\_\_\_\_, agree and understand that any work that I may perform on behalf of Shoshone County Fire Protection District No. 2, here after referred to as The Fire District, will be provided on a voluntary basis and that I do not expect payment or other compensation for performing such work. I further understand that a volunteer position does not constitute an employee – employer relationship with the (Public Entity).

I agree to conform to the rules and regulations of The Fire District. I agree to respect the confidential nature of information that I may become aware of as a volunteer for The Fire District.

I understand that I will begin service on a reciprocal trial basis. I agree to participate in orientation and training.

I understand that a Law Enforcement clearance will be obtained if required for my assignment and that references will be contacted. There is a separate form to complete authorizing a Law Enforcement background check.

Signatures:

---

Volunteer

Date

---

Printed Name

# VOLUNTEER APPLICATION

## LIMITED SECURITY CLEARANCE INVESTIGATION *Shoshone County Fire Protection District No. 2*

I do hereby authorize you to permit a designated employee of Shoshone County Fire Protection District No. 2, here after referred to as The Fire District, to conduct a search for any criminal or traffic offenses and release said information to The Fire District.

I hereby release you, your organization, or others from any liability or damage, which may result from furnishing the requested information.

The original of this form is maintained at The Fire District office in Kellogg and will be made available upon demand.

This information is to be used to assist The Fire District in determining my fitness and qualification for a position of trust and responsibility as a volunteer firefighter.

- PLEASE PRINT IN **BLUE INK** -

Name: \_\_\_\_\_  
Last First M.I.

Maiden / Other Names Used: \_\_\_\_\_

Mailing and Physical Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number \_\_\_\_\_  
Include State Issued

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

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

# VOLUNTEER APPLICATION

***This Page for Fire District Use Only***

Location and Date of Interview \_\_\_\_\_

Personnel present for Interview

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

Notes: \_\_\_\_\_

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

---

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_