VOLUNTEER APPLICATION PACKET TRACKING

PACKET PICKUP DATE:_____

NAME OF APPLICANT:_____

ADDRESS:_____

PHONE:_____

BEST TIME TO CALL:_____

EMAIL ADDRESS:_____

WHAT TYPE OF VOLUNTEER POSITION ARE YOU APPLYING FOR?
(Please provide copies of your certifications)

☐ **FIRE/EMS –** Any current, pertinent certifications?	☐ Yes ☐ No
☐ **FIRE ONLY–** Any current, pertinent certifications?	☐ Yes ☐ No
☐ **FIRE PREVENTION** – Any current, pertinent certifications?	☐ Yes ☐ No
☐ **FIRE CORPS**	

For Office Use Only:

Packet returned date_____ ☐ Email to Vol. Coordinator

☐ Interviewed and please begin onboarding per _____(name)

☐ Copy of ODL ☐ Copy of proof of auto insurance

☐ Background form attached

☐ In District or ☐ Out of District

EMS Only, Structure Fire, Wildland Fire or combination of the 3, please specify

☐ EMT/EMS Certified ☐ Structure Certified ☐ Wildland Certified ☐ Other _____

Dear Applicant,

Thank you for your interest in becoming a volunteer for the Sisters-Camp Sherman Rural Fire Protection District (hereafter SCS RFPD).

SCS RFPD covers an area of approximately 240 square miles with an ambulance service area (ASA) of approximately 2,000 square miles. Services are provided out of 3 stations located throughout the District including Sisters, Wychus Creek Canyon, and Camp Sherman by 12 full-time career staff, 3 part-time career staff, 7 resident volunteers, and approximately 45 volunteers. The District is governed by a 5 person Board of Directors elected by the public. The department responds to over 1400 calls per year.

As a Fire/EMS volunteer with SCS RFPD, you will have the opportunity to respond to a wide variety of emergency calls including structural and wildland fires, motor vehicle accidents, medical emergencies, and others.

As a Fire Corps volunteer, you will participate in non-emergency activities including planning, scheduling, and delivery of fire prevention education in the schools, public education to community groups, public displays, support for emergency response, administrative support, and other non-emergency department and community activities as may be assigned. The Fire Corps Volunteer does not work in an emergency hazard zone.

Additional activities throughout the year give members the opportunity to participate in events of a less serious nature. These include standby at events such as the Sisters Outdoor Quilt Show, rodeos, parades, football games, and Muscular Dystrophy Association–Fill the Boot drives. Community events include Christmas dinner and Spirit of Christmas Tree, Easter egg hunt, Halloween haunted house, and various fire prevention activities in local schools and social events for department members and their families.

To prepare our personnel to handle these situations, SCS RFPD provides the highest level of training and educational opportunities as well as the latest in apparatus and equipment. You will find service with the fire district to be highly rewarding and a satisfying way to serve your family, friends, and community.

In order to get started in the exciting world of a volunteer with SCS RFPD, you must do the following:

1. Fill out and return the attached application form.
    a. Applicant must live within the SCS RFPD.
    b. Out of District volunteers may be considered on a case-by-case basis.
    c. Be at least 18 years of age.
2. Meet with an interview board.
3. Satisfactorily complete the following:
    a. Background checks, DMV record checks, and Drug Tests
4. Any other requirements as stipulated by the Deputy Chief of Operations
5. Complete a one-year probationary period.

If you have questions regarding the volunteer program, please contact Jeff Liming, Captain and Volunteer Coordinator at 541-410-7494.

SISTERS-CAMP SHERMAN FIRE DISTRICT APPLICATION FOR VOLUNTEER

SCS RFPD makes decisions regarding employment and volunteer applications without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, mental or physical handicaps, or any other protected classification unrelated to job performance.

This application will be considered only for the specific job applied for. It will not be retained. Use one application for each position. If you desire to be considered for a position at a future time, you must file a new application.

Please complete this form digitally or carefully printing with a ballpoint pen. If you need additional space to answer questions, you may attach extra sheets.

NAME: _____
First Name Middle Name Last Name

ADDRESS: _____
Mailing Address and Physical Address

_____
City State Zip Code

TELEPHONE: _____
Residence Business Cell Phone

EMAIL:_____

Are you over 18 years of age? ☐ YES ☐ NO SSN: _____/_____/_____
Are you a Veteran? ☐ YES ☐ NO

Please describe any education training, qualifications, or skills that you think are relevant to the position for which you are applying and attach copies of any certifications and/or pertinent licenses:

_____
_____
_____

Do you have a current and valid driver's license ☐ YES ☐ NO
If Yes, Number:_____State of Issue: _____ *If yes, provide a photocopy of your license and current auto insurance card*

Have you ever been convicted of (1) a felony, (2) any crime involving theft, or (3) any crime involving the use or possession of a controlled substance, on or after your 18th birthday? (Do not include minor traffic violations or arrests without convictions.) ☐ YES ☐ NO

If yes, please give a short explanation outlining the circumstances of your conviction. Please indicate the date, nature, place of the offense and disposition. Convictions are not necessarily disqualifying:

_____
_____
_____
_____.

EMPLOYMENT HISTORY

List below your work experience, paid or unpaid, beginning with your present or most recent job. Cover the past 10 years if you have worked that long. Describe each job separately, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Give special attention to experience relating to the job for which you are applying. You must complete this section of the application form. Attaching a resume in lieu of a fully completed application is not acceptable. If you need additional space, attach additional sheets.

CURRENT EMPLOYER:	ADDRESS:	FROM_____/_____ Mo./Year
JOB TITLE:	SUPERVISOR PHONE #:	TO_____/_____ Mo./Year
DUTIES (Be Specific):		TOTAL TIME Yrs_____ Mos_____
		☐ Full Time ☐ Part Time
		☐ Paid ☐ Unpaid
May we contact this employer? ☐ Yes ☐ No Reason for leaving:		

EMPLOYER:	ADDRESS:	FROM_____/_____ Mo./Year
JOB TITLE:	SUPERVISOR PHONE #:	TO_____/_____ Mo./Year
DUTIES (Be Specific):		TOTAL TIME Yrs_____ Mos_____
		☐ Full Time ☐ Part Time
		☐ Paid ☐ Unpaid

May we contact this employer: ☐ Yes ☐ No Reason for leaving:

In submitting this application, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from volunteer status if I have been employed. I understand that any offer for a volunteer position which includes firefighting as one of its essential duties, will be contingent upon passing a physical examination, and I agree that I will undergo such examination, at SCS RFPD's expense, if requested.

In consideration of any service with SCS RFPD, I agree to conform to the rules and regulations of the District. I certify that I have read all of this application and that the information I have provided above is true and correct.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Signature: _____ Date: _____

IMPORTANT

Please read carefully and initial each paragraph before signing.

By my signature and initials placed below, I promise that the information provided in this application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment or volunteer status, and may be justification for my dismissal from SCS RFPD if discovered at a later date. I agree to immediately notify SCS RFPD if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust.

_____Initials

I authorize the investigation of all statements contained in this application (and the accompanying resume, if any). I also authorize SCS RFPD to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

_____Initials

I authorize any person, school, current employer (except as previously noted, past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide SCS RFPD with relevant information and opinion that may be useful to SCS RFPD in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

_____Initials

If SCS RFPD makes an offer of volunteer status to me contingent upon passing a pre-employment physical examination, including a drug screening exam and x-rays, I consent to such examination, and I consent to the release to SCS RFPD of any and all medical information, as may be deemed necessary by SCS RFPD in judging my capability to do the work for which I am applying.

_____Initials

I understand that if my volunteer status is terminated by SCS RFPD for dishonesty, breach of trust, or any criminal acts where the authorities may be notified and I may be criminally prosecuted.

_____Initials

I understand that this application does not, by itself, create a contract of employment. My volunteer position is for a definite period of time, and may unless otherwise prohibited, be terminated at any time. I understand that no person is authorized to change any of the terms mentioned in this application form.

_____Initials

Date: _____ Signature: _____

CONFIDENTIAL PERSONAL HISTORY QUESTIONNAIRE

Answer all questions completely. If more space is necessary, use an attached sheet of paper. Making false or untruthful statements is grounds for denial of your application. Be sure to sign and date this form in the space provided.

1. Have you ever been convicted of (1) a felony, (2) any crime involving theft, or (3) any crime involving the use or possession of a controlled substance, on or after your 18th birthday? (Do not include minor traffic violations or arrests without convictions. ☐ YES ☐ NO If yes, please explain for each incident: 1) Date; 2) Charge; 3) Name of Police Agency; 4) Disposition/Penalty; 5) Name and address of Court; and 6) a detailed narrative account of the incident. Begin with the most recent case and list all incidents.

2. If you were ever suspended, terminated, or asked to resign from any job describe the details in full below.

3. Have you ever used illegal or restricted dangerous drugs without a doctor's prescription? If yes, provide complete details.

4. Have you ever had a driver's license from another state? If yes, give for each license: 1) State; 2) License Number; 3) Dates held; and 4) your address at the time.

5. In the past 7 years, have you ever received, as an adult or juvenile, a traffic citation (other than for parking)? If yes, include all citations whether convicted or not.

6. Have you ever had your driver's license suspended, revoked, canceled, or restricted? If yes, explain and include: 1) Date; 2) Reason; and 3) Agency directing.

7. In the past 7 years have you ever been a driver involved in any traffic accident major or minor, whether your fault or not? If yes, explain.

8. List two personal non-family references and their occupations; including address, telephone, how long known, and relationship.

    1.

    2.

9. Have you ever been a member of another fire department? If yes, give the name(s) and address of the department(s).

10. Do you have any physical limitations, which would restrict your ability to perform firefighter or EMS duties? ☐ YES ☐ NO If so, please explain.

ADDITIONAL SHEET

This space is provided to continue detailed answers to questions. Be sure to identify the item number to which the answer or comment applies.

Item Number - Comments:

PENALTY

Any falsification, withholding, or failure to answer all questions completely and accurately may cause forfeiture of all rights to employment or removal from the list of applicants who have been certified for consideration of employment.

CERTIFICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions and that all statements and answers are true and correct to the best of my knowledge and belief.

_____ _____

Signature of Applicant (sign in ink) Date signed

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Sisters-Camp Sherman Fire District** ("Employer") 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, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656;** www.backgroundscreeersofamerica.com and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law. **New York City applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.
Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer. ☐

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ Date of Birth*: _____

Driver's License # _____ State of Driver's License*: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____

E-mail * : _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Signature: _____ Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Sisters-Camp Sherman Fire District ("the Company") 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.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; www.backgroundscreeersofamerica.com.** The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Signature: _____ Date: _____

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identity theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You many limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

Updated Sept. 2018

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember insured Banks, insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Applicant Copy

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

Applicant Copy

Updated Sept. 2018