City of Chewelah – Volunteer Firefighter Application

The City of Chewelah operates a Volunteer Fire Department which provides services City-wide. The volunteer application is designed to give applicants an opportunity to share their background, experience, interests, and skills to better enable the City to make the best possible volunteer placement.

Please return to 301 E. Clay Avenue, Room 104, or email to fire@cityofchewelah.org

Position(s) APPLIED FOR		**DATE OF APPLICATION**
LAST NAME	**FIRST NAME**	**MIDDLE NAME /INITIAL**
STREET ADDRESS	**CITY**	**STATE / ZIP CODE**
MAILING ADDRESS (IF DIFFERENT)	**CITY**	**STATE / ZIP CODE**
HOME TELEPHONE NUMBER	**ALTERNATE PHONE NUMBER**	**E-MAIL ADDRESS**

Are you over the age of 18? ☐ Yes ☐ No

Do you have a valid WA State Driver's License? ☐ Yes ☐ No

Are you currently certified in CPR? ☐ Yes ☐ No

Are you currently certified in First Aid? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you been convicted of a misdemeanor in the past 3 years? ☐ Yes ☐ No

If yes to either of the above, please explain: _____

Availability:

☐ Short-term (or seasonal) ☐ Long-term

Check the days of the week if which you will be available for volunteer work:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

In what particular areas of volunteer work are you interested?

_____

_____

What general skills/experience/education would you like to share in your volunteer work?

_____

_____

Do you have any medical conditions (physical or mental) which should be taken into consideration when assigning you volunteer work?

_____

_____

References (please do not list relatives):

Name	**Address**	**Phone**
Name	**Address**	**Phone**
Name	**Address**	**Phone**

Emergency Contact:

Name	**Address**	**Phone**

Notice to Volunteers

Volunteers are not considered to be City of Chewelah employees. Injury Compensation is provided through the Board of Volunteers. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will be used to contact, interview, and place volunteers.

SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further, I give permission for an authorized representative of the City to conduct a state patrol criminal background check in accordance with RCW 43.43.830-839 and to inquire of individuals about my ability to perform all aspects of the volunteer position for which I am being considered. I release the City of Chewelah and those individuals/institutions that provide information from any liability that may arise from the provision of this information.

As a volunteer for the City of Chewelah, I am fully aware that the work associated with being a City Volunteer Firefighter involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City's Volunteer Firefighting Program, I hereby assume all risk of injury, damage, and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors, and assignees, release and hold harmless the City of Chewelah, its officials, employees, and agents, and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death, or other consequences occurring to me arising out of my volunteer activities.

I give permission to have my photo taken and used for publicity purposes by the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while participating in this program.

Signature: _____ Date: _____