City of Chewelah - Volunteer FIREFIGHTER Application

Date Received

The City of Chewelah operates a volunteer program that provides services organization-wide. The purpose of the program is to enable the City to take advantage of the extraordinary reserve of knowledge, talent, and skill possessed by volunteers within its community and to capitalize on these abilities to augment City services. The intent is also to provide a program which involves interested residents in local government while providing them the opportunity to perform work of value to the community.

The volunteer application is designed to give applicants an opportunity to share their background, experience, interests and skills, enabling the City to make the best possible volunteer placement.

Name:

SS#:   (Last)   (First)   (Middle)

Mailing

Address: **City:**   **State:**   **Zip:**

Home Phone: ( )   **Message:** ( )   **Work:** ( )   **Email:**

Are you over the age of 18? ☐ Yes ☐ No	Birthdate:	Do you have, or can you obtain, a valid Washington State Driver's License? ☐ Yes ☐ No	WA state Driver's License or ID Card # Exp. Date:

Availability

☐ Short-term (seasonal)   ☐ Special Project   ☐ Long-term Program

Circle the Days You Can Be Available for Volunteer Work: Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday	Are you currently certified in CPR? ☐ Yes ☐ No First Aid? ☐ Yes ☐ No

In What Particular Areas of Volunteer Work Are You Interested?

What General Skills/Experience/Education Would You Like to Share in Your Volunteer Work?

Criminal Convictions

Have you been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? ☐ YES ☐ NO

If Yes, Please Explain:

REFERENCES (Do Not List Relatives)

Name: _____ Address: _____ Phone: ( )

Name: _____ Address: _____ Phone: ( )

Name: _____ Address: _____ Phone: ( )

Do You Have Any Medical Conditions Physical or Emotional That Should Be Taken Into Consideration in Arranging Volunteer Assignments? ☐ YES ☐ NO If Yes, Please Explain:

In Case of Emergency Please Contact: _____ 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 and 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 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 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: _____

If Under 18 Parent or Guardian's

Signature: _____   Date: _____