



Volunteer Application

King County Fire Protection District #47
PO Box 206 Ravensdale, WA 98051-0206
360.886.1915

PERSONAL

An incomplete application may delay or disqualify you. Do not use pencil to complete application.

Name: _____
Last First MI

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Birth Date _____ Social Security Number _____

Emergency Contact: _____
Name Phone Relationship

Mailing Address (If different from your street address)

Name _____ MI _____ Last _____

Address _____ City _____ State _____ Zip Code _____

U. S. Citizen: yes no Work Permit: yes no Can you show proof? yes no

Valid Washington State Driver's License Number: _____

Will you be 18 years or older by date of orientation? yes no

Are you a Certified EMT? yes no If yes, expiration date: _____

I will require special accommodation for the testing process: yes no

EDUCATION / TRAINING

| Type of Schooling | School & Location | Date(s) of Enrollment | Major Course | Degree/ Date |
|----------------------------|-------------------|-----------------------|--------------|--------------|
| High School or GED | | | | |
| Business or Tech | | | | |
| Graduate Studies | | | | |
| Other Courses and Training | | | | |
| Military | | | | |

Training / Certificates: _____

Special Skills / Professional Licenses: _____

List office equipment you can operate: _____

List heavy equipment or machinery you can operate: _____

WORK HISTORY

Please read carefully: Resumes will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for at least the last few years, including periods of self-employment and U.S. Military service. Attach separate sheets if necessary

| | | | |
|---------------------|--|-------------------------|---|
| From (month & year) | Company Name | Your Position/ Title | |
| To (month & year) | City | Type of Company | |
| Salary | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> | Supervisor's Name/Title | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Phone Number | |

Duties: _____

Reason for leaving: _____

| | | | | | |
|---------------------|--|-------------------------|---|----------------------|--|
| From (month & year) | | Company Name | | Your Position/ Title | |
| To (month & year) | | City | | Type of Company | |
| Salary | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> | Supervisor's Name/Title | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone Number | |

Duties: _____

Reason for leaving: _____

THE FOLLOWING MUST BE COMPLETED

Have you ever been convicted of a crime or incarcerated? (Do not include non-criminal traffic citations)

Yes NO

If the answer is "yes" please give the nature of the crime, dates of convictions and the court in which you were convicted:

AGREEMENT, CERTIFICATION and AUTHORIZATION

This statement must not be altered.

I hereby certify, under penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration or for dismissal at any time. I authorize my previous employers and all schools or educational and technical institutions which I have attended to furnish my record, reason for leaving and all information they may have concerning me to King County Fire District #47. I hereby release any such current or former employers or institutions, their agents or employees and the above listed jurisdictions from all liability for any damage whatsoever arising therefrom. I authorize investigation of all statements in this application.

Signature of Applicant

Date

DRIVING RECORD

To be completed by applicant for the positions when operation of motor vehicles is a regular part of the job duties.

Name Date of Birth Social Security Number

Driver's License Number Expiration Date State of Issue

List any notices of infractions or traffic citations you have received in the past 5 years:

| State | Month / Year | Type of Infraction |
|-------|--------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Infractions or citations will not necessarily remove you from consideration, but KCFDP47 will consider your driving record and insurability when making employment decisions.

Waiver and Release of Driving Record

I, the undersigned applicant for recruitment with King County Fire Protection District #47, hereby authorize the release of both my individual and my employee driving record, as defined by RCW 46.52.120 and 46.52.130 by the Department of Licensing, and my criminal record to King County Fire Protection District #47. I have been informed that portions of this record are my confidential property and may not be obtained without my express consent and request. If King County Fire Protection District #47 selects me as a volunteer member, this release shall continue to be valid throughout the tenure of my participation with this jurisdiction. A photocopy may be accepted in lieu of the original.

Print Name Signature Date

King County Fire Protection District #47
PO Box 2006
Ravensdale, WA 98051-0206



Release and Waiver

To Whom It May Concern:

I hereby authorize any Chief Officer or other authorized representative of King County Fire Protection District #47 bearing this release, or a copy of it, within one year of it's date, to obtain copies of any information in your files concerning me, or information pertaining to my employment, including, but not limited to documents concerning my arrest and conviction history, education, academic achievement, medical, work performance, and any and all internal affairs investigations and discipline, **including any files which are deemed to be confidential, and/or sealed.**

I hereby direct you to release this information upon request of the bearer, regardless of any agreement I may have made with you previously to the contrary. This release is executed with full knowledge and understanding that the information is for official use of and by King County Fire Protection District #47. I authorize King County Fire Protection District #47 to read, review, or photocopy any documents as needed to complete their review.

Consent is granted for King County Fire Protection District #47 to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided in the investigation report prepared by King County Fire Protection District #47

I hereby release you, as my employer, former employer, or representative of either of them and any schools, college, university, or other educational institution, legal firm, medical institution, law enforcement agency, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of the release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

| | | | |
|--------------------------|----------------------|-------------------|----------|
| Full Name – Signature | | Full Name – Print | |
| Current Address – Street | City | State | Zip Code |
| (_____) _____ | (_____) _____ | | |
| Day Phone Number | Evening Phone Number | | |