

Spokane County Fire Protection District #5 Procedure for Adding Volunteers to the District

Spokane County Fire Protection District #5 encourages volunteer firefighter/EMS personnel applications from all district residents and those that live within a reasonable response time outside the district. Eligibility requirements include:

- Eighteen years of age
- High school or equivalent education
- Valid WA driver's license
- Pass entrance exams which include a physical agility test and a physical exam
- Clear background checks
- (No felony convictions. No DWI in the past five years)

Process:

Applicants will complete a district questionnaire and mail it to the District Office. If the applicant meets the eligibility requirements and passes the background check, an interview will be scheduled with the interview panel. The interview panel will schedule the interview and other entrance exams and relay the results to the applicant. The panel will consist of the Station Chief, a Fire District Officer, and one Commissioner or representative for a commissioner should one not be available.

Interviews will be conducted by the panel. If the process continues, the applicant will be subject to a physical agility test.

Pending the outcome of those processes, the applicant will be notified if he/she is accepted as a volunteer. All selected applicants will be required to pass a pre-employment physical before becoming a member of the district. This exam will be given by the district's chosen provider and at the expense of the district. The new volunteer must be placed on the district's insurance prior to incident response.

New volunteers will be subject to all training requirements with a one-year probationary period which may be extended at the district's option.

The district will maintain a file on each applicant and will record progress through the interview process and all relevant information. All information regarding the applicant and their process and results shall be kept in confidence by the district administrator and the interview panel.

Spokane County Fire Protection District #5 Fire Department Membership Application

Date _____

Applicant's Full Name: _____

Maiden Name: _____

Address: Mailing: _____

Street: _____

City, State & Zip: _____

Attach Photo

Home Phone: _____

Work Phone: _____

Date of Birth: _____

Driver's License #: _____
(Attach Copy of Driver's License)

Social Security #: _____

1. Are you willing to put in the hours for training in structural and wildland firefighting and hazardous material training?

_____ Yes

_____ No

1.1 If yes, are you willing to attend evening firefighting training sessions twice a month?

_____ Yes

_____ No

2. Are you willing to obtain your Emergency Medical Service (EMS) certification and keep the certification current with continuing education?

_____ Yes

_____ No

3. What time of day would you be available to respond to alarms?

4. What is the closest fire station to your residence?

_____ Station 51 14217 W. Four Mound Rd.
_____ Station 52 20302 W. Charles Rd.

5. Do you feel you are physically and mentally capable of performing the duties of a firefighter?

_____ Yes
_____ No

6. Do you have any previous firefighting/EMS experience?

_____ Yes
_____ No

6.1 If yes, describe. _____

7. Why do you want to be a volunteer firefighter?

CERTIFICATIONS

_____ CPR CARD Date Expires: _____

_____ FIRST AID CARD Date Expires: _____

_____ EMERGENCY MEDICAL TECHNICIAN

_____ FIRST RESPONDER _____ C.D.L.

_____ WILDLAND CERT. (Red Card) Certifications: _____

_____ E.V.A.P. Date Issued: _____

_____ FIRE SERVICE TRAINING (Attach Sheet)

_____ OTHER (Attach Sheet)

EDUCATION

HIGH SCHOOL _____ YEAR _____

GED _____ YEAR _____

DEGREE _____ SCHOOL _____ YEAR _____

OTHER, Explain _____

Have you ever been convicted or plead guilty to a crime? ____YES ____NO

Do you have any legal matters pending at this time? ____YES ____NO

If YES to question(s) above, state Nature, Date, Court Disposition, and any other information you feel is important. _____

REFERENCES

Three required. Use only one relative.

NAME: _____ Called by: _____ Time: _____

ADDRESS _____

PHONE: (H) _____ (W) _____

RELATIONSHIP: _____

NAME: _____ Called by: _____ Time: _____

ADDRESS _____

PHONE: (H) _____ (W) _____

RELATIONSHIP: _____

NAME: _____ Called by: _____ Time: _____

ADDRESS _____

PHONE: (H) _____ (W) _____

RELATIONSHIP: _____

Upon signing below, I certify the information provided is true, and correct. I authorize a BACKGROUND CHECK. I also understand that false information could result in dismissal or denial of membership.

Signature: _____ Date: _____

PLEASE MAIL PAGES 2-4 OF YOUR APPLICATION TO THE DISTRICT OFFICE.

**Spokane County Fire District #5
17217 W. Four Mound Rd.
Nine Mile Falls, WA 99026**