Support Volunteer Application

Applicant Information

_____   _____   _____
Last Name   First Name   Middle Name

_____   _____
Address   Email

_____   _____   _____
City   Zip Code   Phone Number

1. Are you legally authorized to work in the U.S?   Yes   No
2. Are you 18 years of age?   Yes   No
3. Do you have any commitments of responsibilities that might prevent you from meeting organization requirements? Yes   or No   *If yes, please explain.*
_____
_____
_____
4. Have you applied here before? _____
5. Please list any skills which you feel relate to this position.
_____
_____
_____

Availability
1. What hours are you available to respond to emergency calls? _____
2. Can you be available for the following meetings and training sessions?
      a.   Monday evening, 6:00 p.m. – 9:00 p.m. (training drills) _____
      b.   Occasional Saturdays, 8:00 am – 12:00 p.m. _____

Driving Record Check
1.   Do you have a valid driver's license?   YES   NO
        a. Driver's license: _____   State: _____   Type:_____

Education and Training
1. High School: _____ Did you graduate? _____
2. College/Trade School: _____ Subject/Major: _____

Work History
1.Present Employer: _____ Supervisors name: _____

Address: _____   Phone Number: _____
Job Title: _____   Dates Employed: _____
Working Hours: _____   May we contact Employer? _____
Specific Duties: _____
_____
_____

2. Previous Employer: _____   Supervisors name: _____
Address: _____   Phone Number: _____
Job Title: _____   Dates Employed: _____
Working Hours: _____   May we contact Employer? _____
Specific Duties: _____
_____
_____

3. Previous Employer: _____   Supervisors name: _____
Address: _____   Phone Number: _____
Job Title: _____   Dates Employed: _____
Working Hours: _____   May we contact Employer? _____
Specific Duties: _____
_____
_____

Military Service (if applicable)
1. Branch of Service: _____
2. Reserve Status: _____
3. Attendance requirements if in the Reserve or Guard: _____

References (Please list 3, not related to you)
1. Name: _____   Email: _____

    Phone: _____   Employer: _____

2. Name: _____   Email: _____

    Phone: _____   Employer: _____

3. Name: _____   Email: _____

    Phone: _____   Employer: _____

NORTH WHIDBEY FIRE & RESCUE

Support Firefighter Fire Department Acknowledged Requirements

I acknowledge and understand that application to become a Support Member with North Whidbey Fire and Rescue (NWFR) requires the following commitment:

1. Complete the NWFR Support Training course within one (1) year.

2. Attending training as prescribed in the Fire Department Policies and Standard Operating Procedures.

3. Being a Support Member is physically and emotionally challenging job and provides you with self-respect and self-- satisfaction. Support requires training and demands team effort and respect from each individual support member in the Department.

I have read these requirements and agree to them.

_____   _____
Name   Date