



Hoskins-Kings Valley

Rural Fire Protection District

38101 Kings Valley Hwy.
PO Box 116
Philomath, Oregon 97370
541-929-2111
hkvrfd.org

VOLUNTEER APPLICATION

Check Box: FIRE MEDICAL SUPPORT

Service as a Fire-Medical volunteer can sometimes involve extremely stressful and physically, mentally, and emotionally demanding situations. Consider carefully whether there is any reason you might not be able to fulfill all the duties of the position for which you are applying. By federal law, you will be required to observe stringent rules of confidentiality and security in record handling and when dealing with the public.

HKVRFPD considers applicants for all positions without regard to race, color, religion, national origin, sex, age, disability, marital status, or any other legally protected class or status.

DIRECTIONS: Please print or type. Supply an answer to every question. If a question is not applicable to you, write N/A in the blank. If additional space is needed, attach additional sheets. DO NOT misstate or omit material facts. The statements made herein are subject to verification to determine your qualifications for employment. False statements or omission of pertinent facts will preclude you from employment.

1. Application Date: _____

2. Name: _____

Mailing Address: _____ Street Address (if different): _____

City: _____ State: _____ Zip Code: _____

3. Home Phone No.: _____ The best time to contact you: _____

4. Cell Phone No: _____ Email Address: _____

5. Date available to start volunteer training: _____

Name	Phone #	Best time to call	Occupation
Name	Phone #	Best time to call	Occupation
Name	Phone #	Best time to call	Occupation

EMPLOYMENT HISTORY & VOLUNTEER HISTORY (Only last 10 years)

12. Begin with your **present** or most recent employer or volunteer activity.

<u>Employer:</u>	<u>Address:</u>	<u>Supervisor's Name/Title/ Telephone No.:</u>
<u>Job Title:</u>	<u>Dates Employed:</u> From: _____ Month Year To: _____ Month Year	
<u>Specific Duties:</u>		
<u>Reason for Leaving:</u>		
May we contact this employer? Yes No		

<u>Employer:</u>	<u>Address:</u>	<u>Supervisor's Name/Title/ Telephone No.:</u>
<u>Job Title:</u>	<u>Dates Employed:</u> From: _____ Month Year To: _____ Month Year	
<u>Specific Duties:</u>		
<u>Reason for Leaving:</u>		
May we contact this employer? Yes No		

<u>Employer:</u>	<u>Address:</u>	<u>Supervisor's Name/Title/ Telephone No.:</u>
<u>Job Title:</u>	<u>Dates Employed:</u> From: _____ Month Year To: _____ Month Year	
<u>Specific Duties:</u>		
<u>Reason for Leaving:</u>		

May we contact this employer? Yes No

13. Include Explanation of any gaps in employment:

14. List any other prior experience, whether paid or volunteer, relating to the duties of the position for which you are applying.

IMPORTANT

Please read carefully and initial each paragraph.

By my signature and initials placed below, I affirm that the information provided in this application is true and complete, and I understand that any false information, misrepresentations, or significant omissions may disqualify me from further consideration for volunteer status, and may be justification for my dismissal from the Fire District, if discovered at a later date. I agree to immediately notify the District, if any license, certification, accreditation is revoked or restricted, or upon the conviction of a felony, or any crime involving dishonesty or a breach of trust.

_____ Initials

I authorize the investigation of all statements contained in this. I also authorize the District to contact my present employer (unless otherwise noted in this application form), past employers and listed references. I understand that the District may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that the Federal Fair Credit Reporting Act I have the right to make a written request to the District, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

_____ Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide the District with relevant information and opinion that may be useful to the District in making a decision on this application, and I release such persons and organizations from any legal liability in making such statements.

_____ Initials

If the District makes an offer of volunteer employment to me contingent upon passing a pre-employment physical examination and x-rays, I consent to such examination, and I consent to the

release to the District of any and all medical information, as may be deemed necessary by the District in judging my capability to do the work for which I am applying.

_____ Initials

I understand that if my volunteer status is terminated by the District for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if I am accepted for a volunteer position, I may not engage in sales or other activities that create a conflict of interest with my position with this District and I agree to follow Oregon Government Ethics Committee Guide for Public Officials.

_____ Initials

I understand that this application does not, by itself, create a guarantee of volunteer status. I understand and agree that, if accepted for a volunteer position, the terms of my status shall be governed by the policies of the District. Unless specifically provided otherwise in such policies, MY VOLUNTEER STATUS IS FOR NO DEFINITE PERIOD OF TIME, and may, unless otherwise prohibited, BE TERMINATED AT ANY TIME BY EITHER PARTY. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS APPLICATION FORM. I hereby certify that this application contains no misrepresentation or falsification, and that the information given is true and complete to the best of my knowledge and belief. I understand that any falsification, misrepresentation, or omission of any information stated in, or requested by this application, is cause for cancellation of the application and/or dismissal from volunteer status.

I authorize investigation of all statements contained in this application for volunteer acceptance as may be necessary in arriving at a decision.

Signature: _____ Date: _____

Name (print): _____ Initials

DISCLOSURE

As part of the volunteer/employment process, Philomath Fire and Rescue, will obtain a consumer report, which I understand may include information regarding my character, general reputatation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my volunteer/employment with Hoskins-Kings Valley RFPD. I hereby authorize BIO-MED/Choicepoint Services Inc., on behalf of HKVRFPD, to procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts’ record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant Name-Print _____ Date Signed

Other Names used? _____

Street Address: _____

City, State, Zip: _____

Applicant Signature _____ Social Security Number* _____ Date of Birth*

*For Identification Purposes Only

FOR INTERNAL USE ONLY.

Please return information by mail, email , or in-person to:
Chief Adam Ryan
38101 Kings Valley Hwy. / PO Box 116
Philomath, OR 97370
541-929-2111 Adam.Ryan@hkvrfpd.org