

CLACKAMAS FIRE DISTRICT #1

VOLUNTEER MEMBER APPLICATION PACKET



INSTRUCTIONS

- Print Legibly Or Type
- Answer Each Question Fully And Accurately
- If You Need Additional Space, Continue Your Answer(s) On A Separate Sheet Of Paper
- No Action Can Be Taken On This Application Until All Questions Have Been Answered
- Do Not Sign The Application Digitally As It Can Be Signed In Person At A Later Date

APPLYING

Volunteer Member Application Packets may be turned in by:

- Clicking the “Email Form” button to submit via email
- Dropping it off, or mailing it to:

**CLACKAMAS FIRE DISTRICT #1
VOLUNTEER SERVICES OFFICE
624 7TH STREET
OREGON CITY, OREGON 97045**

EQUAL OPPORTUNITY; It is our policy to seek qualified persons and provide equal opportunity for the advancement of members and to administer all of our fire district policies in a manner that will not discriminate against any person because of race, color, religion, gender, age, marital status, military status, national origin, citizenship status, disability, or status as a disabled veteran or veteran of the Vietnam era or any other legally protected status unless it is a bona fide occupational reason necessary to the operation of our business. The fire district will make reasonable accommodation in the application process, if needed. This volunteer member application does not constitute an employment contract. I have had an opportunity to have my questions about this statement’s content and intent answered and I understand its terms.

POSITION REQUIREMENTS

REHAB AND COMMAND BUS SPECIALIST

- Proof of eligibility to work in USA as per the I-9 immigration form requirements
- Must be insurable by CFD#1 insurance carrier
- Valid driver's license
- Successful background check clearance
- Successful drivers license check clearance
- Successfully complete CFD#1 oral interview
- Successfully complete CFD#1 physical examination for Rehab/Command Bus Operator
- Successfully pass a UA drug screen
- Successfully complete CFD#1 Rehab and Command Bus Operation Academy

WATER TENDER OPERATORS

- Proof of eligibility to work in USA as per the I-9 immigration form requirements
- Must be insurable by CFD#1 insurance carrier
- Must be 21 years of age at time of CFD#1 Water Tender Operator Academy
- Valid driver's license
- Successful background check clearance
- Successful drivers license check clearance
- Successfully complete CFD#1 oral interview
- Successfully complete CFD#1 physical examination for Support Volunteer/Water Tender Operator
- Successfully pass a UA drug screen
- Successful completion of CFD#1 Rehab and Command Bus Operator Academy

FIREFIGHTER

- Proof of eligibility to work in USA as per the I-9 immigration form requirements
- Must be insurable by CFD#1 insurance carrier
- Valid driver's license
- Successful background check clearance
- Successful drivers license check clearance
- Successfully complete CFD#1 oral interview
- Successfully complete CFD#1 physical ability course for Suppression Volunteer Firefighter
- Successfully complete CFD#1 physical examination for Suppression Volunteer Firefighter
- Successfully pass a UA drug screen
- Successfully passing CFD#1 Volunteer Firefighter Suppression Academy

CHAPLAIN

- Proof of eligibility to work in USA as per the I-9 immigration form requirements
- Reside or work within the Clackamas Fire District #1 service area
- At least 18 years of age
- Valid driver's license
- Successful background check clearance
- Must be insurable by CFD#1 insurance carrier
- Successful background check clearance
- Successfully pass a UA drug screen
- Successfully complete CFD#1 oral interview
- Successfully complete CFD#1 physical examination for Chaplains
- Successfully complete CFD#1 Rehab and Command Bus Operation Academy relating to Chaplains

POSITION REQUIREMENTS (CONTINUED)

AUXILIARY SERVICES MEMBER

- Proof of eligibility to work in USA as per the I-9 immigration form requirements
- Reside or work within the Clackamas Fire District #1 service area
- At least 18 years of age
- Valid driver's license
- Successful background check clearance
- Must be insurable by CFD#1 insurance carrier
- Successful background check clearance
- Successfully pass a UA drug screen
- Successfully complete CFD#1 oral interview
- Successfully complete CFD#1 physical examination for Auxiliary Members
- Successfully complete CFD#1 Rehab and Command Bus Operation Academy relating to Auxiliary Members

CLACKAMAS FIRE DISTRICT #1

VOLUNTEER MEMBER APPLICATION

CLACKAMAS FIRE DISTRICT #1



EQUAL OPPORTUNITY: Clackamas Fire District #1 is an equal opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, military service, or any State of Oregon protected classifications. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties. The fire district will make reasonable accommodation in the application process, if needed.

PERSONAL INFORMATION

Date:
Volunteer Position Applying For:
<input type="checkbox"/> Rehab & Command Bus Specialist (Support) <input type="checkbox"/> Water Tender Operators (Support) <input type="checkbox"/> Chaplain (Support) <input type="checkbox"/> Auxiliary (Support) <input type="checkbox"/> Firefighter (Suppression) <input type="checkbox"/> Explorer (Support)
Time Of Day Available To Respond To Alarms (Check All That Apply)
<input type="checkbox"/> Weekdays <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Anytime <input type="checkbox"/> Other:

NAME:	Last	First	MI		
ADDRESS:	Street	Apt#	City	State	Zip
Home #:	Work #:	Cell Or Alternate #:			
Email Address:					
May We Contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

MEMBERSHIP ELIGIBILITY

Are You Over The Age Of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are You Legally Eligible For Employment In The United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Successful Applicants Will Be Required To Prove Identity And Eligibility For Membership By Providing The Required Documentation To Complete An I-9 Form.

REFERRED BY

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Clackamas Fire Website	<input type="checkbox"/> On My Own	<input type="checkbox"/> School	<input type="checkbox"/> Agency	<input type="checkbox"/> Other
<input type="checkbox"/> Current Employee (Name):					
Have You Ever Applied For Volunteer Membership With Us Before? <input type="checkbox"/> Yes <input type="checkbox"/> No					When?
What Position?					

RELATIVES AND FRIENDS

Some Positions May Not Be Held By Certain Individuals To Avoid The Possibility Of Conflicts Of Interest. Qualified Relatives And/Or Friends Are Eligible For Membership Except In Those Unusual Situations (For Example, Where They Would Be Placed In A Supervisor-Subordinate Relationship). The Fire District Does Not Discriminate Against Applicants Membership, Unless Required To Do So By The Reasonable Demands Of The Position (A Bona Fide Occupational Qualification). Marital Status Includes Whether A Person Is Married, Divorced, Separated, Or Single, And The Identity And Occupation Of A Person's Spouse. It Is The Intention Of The Fire District To Comply With Oregon Law Which Prohibits Fire District From Discriminating Against An Individual Solely Because Another Member Of That Person's Family Works Or Has Worked For That Employer.

Do You Have Any Relatives Or Friends (Such As Roommates) Who Currently Are Volunteer Members With Us? Yes No

If Yes, Please State His / Her Name(s):

EDUCATION

Check Last Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 13 14 15 16 17 18 19 20 Other (Number Of Years):

Do You Have A High School Diploma Or Equivalency? Yes No School:

Current EMT Certification Level: State: Certification #: Expiration Date:

Are You A Nationally Registered EMT? Yes Certification # No

Please List Below Any Education, Training And / Or Specialized Experience Such As Schools, Colleges, Degrees, Licenses, Vocational, Technical, Or Military Experience, Etc... You Feel Would Help You Perform The Work For Which You Are Applying.

DEGREES, LICENSES, RELEVANT EDUCATION, OR TRAINING

WHERE DID YOU ACQUIRE IT (NAME & ADDRESS) OF SCHOOL, PROGRAM, MILITARY BRANCH AND SPECIALTY, ETC.)

CRIMINAL CONVICTIONS

Conviction Of A Crime Is Not An Automatic Bar To Membership. Factors Such As The Nature And Gravity Of The Crime, The Length Of Time Since The Conviction And / Or Completion Of Any Sentence, And The Nature Of The Position For Which You Have Applied Will Be Considered. Do Not List Any Arrest Or Any Detention That Did Not Result In Conviction; A Conviction That Has Been Judicially Expunged, Sealed Or Eradicated; Or Any Misdemeanor Conviction For Which Probation Has Been Completed And The Case Judicially Dismissed.

Have You Ever Been Convicted Of A Felony?

Yes No

If Yes, Please Explain:

DRIVING POSITIONS

Do You Have A Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
If The Position Applied For Involves Driving, Have You Ever Been CONVICTED, Pled GUILTY, NO CONTEST, Or FORFEITED BOND OR BAIL For Any Traffic Violations In The Past Three Years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please Explain:

EMPLOYMENT HISTORY

List Names Of Employers In Consecutive Order With Present Or Last Employer Listed First. Account For All Periods Of Time Including Military Service And Any Periods Of Unemployment. If Self-Employed, Give Firm Name And Business References. If You Worked In Any Of The Positions Under Another Name, Please Give Name(s). Please Give Month And Year And Attach Additional Sheet(s) If More Space Is Needed.		
1. Employer:		
Address:	Phone:	
Supervisor:	Title:	
Job Title:	From:	To:
Beginning Salary:	Ending Salary:	May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description Of Duties:		
Reasons For Leaving:		

2. Employer:		
Address:	Phone:	
Supervisor:	Title:	
Job Title:	From:	To:
Beginning Salary:	Ending Salary:	May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description Of Duties:		
Reasons For Leaving:		

3. Employer:		
Address:	Phone:	
Supervisor:	Title:	
Job Title:	From:	To:
Beginning Salary:	Ending Salary:	May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description Of Duties:		
Reasons For Leaving:		

EMPLOYMENT HISTORY – (CONTINUED)

4. Employer:		
Address:		Phone:
Supervisor:		Title:
Job Title:	From:	To:
Beginning Salary:	Ending Salary:	May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description Of Duties:		
Reasons For Leaving:		

REFERENCES

Provide Three References (Not Relatives Or Former Employers):			
NAME	ADDRESS	PHONE	OCCUPATION
1.			
2.			
3.			

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if membership is accepted, omissions and/or false statements on this application or during any interviews may result in dismissal. I understand and acknowledge that, my membership is for no definite period and either the District or I may terminate our relationship at will at any time, without notice or any reason, and that this membership application does not constitute an employment contract. I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

VERIFICATION AND SIGNATURE

1. I authorize the investigation of all matters which Clackamas Fire District #1 deems relevant to my qualifications for membership, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release Clackamas Fire District #1 from all liability, which might result from making the investigation.
2. I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of membership or immediate termination, regardless of when and how discovered.
3. I understand that I may be required to submit to pre- or post –membership physical or other professional examinations, medical inquires and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations and/or testing at Clackamas Fire District #1's expense. I authorize release of the results to Clackamas Fire District #1 and their use to evaluate my suitability for membership. I also release Clackamas Fire District #1 from all liability arising out of or connected with the examinations and/or testing.
4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a membership contract. I also understand the Fire Chief is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts signed by both parties. I also understand that unless otherwise stated in a membership contract, Clackamas Fire District #1 may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.
5. I have read each of these statements. I have also reviewed all of the information provided in this application and in any supporting documents.

Yes No

Signature

Date

Signature (Parent or Legal Guardian)

Date

Those Under 18 Must Have Parent Or Legal Guardian Signature

CLACKAMAS FIRE DISTRICT #1

A Summary Of Your Rights Under The Fair Credit Reporting Act (Applicant Acknowledgment)

By My Signature, I Acknowledge That I Have Received A Copy Of The "Summary Of Your Rights Under The Fair Credit Reporting Act".

Signature

Date

Printed Name

CLACKAMAS FIRE DISTRICT #1

AUTHORIZATION FOR RELEASE OF INFORMATION



- To:**
- Any Registrar, Dean, Principal, Other Authorized Person At A School, University, College, High School Or Trade School
 - Any Past Or Present Employer
 - Any Law Enforcement Agency, Or Any Department Or Agency Of A City, County, State Or Federal Government
 - Any Bank, Financial Institution, Credit Agency Or Consumer Reporting Organization
 - Any Landlord, Real Estate Or Rental Agency, Mortgage Institution, Public Utility, Or Neighbor
 - Any Person Having Knowledge Of My Conduct Or Activities

I,	First Name	Middle Name	Last Name
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Hereby authorize and empower Clackamas Fire District #1, or authorized representatives and/or your agents bearing this release or copy thereof, to conduct appropriate inquiries, including but not limited to personal interview and records checks from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, including worker's compensation agencies and other individuals relating to my past activities and to supply any and all information concerning my background for determination of my eligibility to be assigned to a position of trust and responsibility.

I authorize all persons who may have information or documents relative to these inquiries to disclose and/or provide copies of it to Clackamas Fire District #1, and/or its agents, and I hereby release all persons from liability resulting in providing such information/disclosures.

By my signature below, I hereby release any individual or institution, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all the statements and answers set forth on the application form and/or my resume and any related information provided by me are true and complete to the best of my knowledge. I understand that if subsequent to membership any such statements and/or answers or other information that I have provided are, found to be false or that if information has been omitted, such false statements or omissions will be just cause for termination of my membership.

By this document, Clackamas Fire District #1 disclosed to me that a consumer report may be obtained for membership purposes as part of the pre-membership process and if I attain membership status this authorization shall remain on file and serve as an ongoing authorization at any time during my membership with Clackamas Fire District #1, for the District to procure at any time an investigative consumer report containing information as to my character, general reputation, personal characteristics, and mode of living. Should an investigative report be requested, I will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of my rights under the Fair Credit Reporting Act.

Only job-related information developed from such a report will be considered in evaluating my membership application or continued membership. I hereby authorize these persons, companies, organizations, or corporations to answer all questions or release any information regarding the items listed in this document. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and / or records.

I authorize Clackamas Fire District #1 to release to any person, firm, entity, or organization with which I may seek membership in the future, any truthful information concerning my work experience with Clackamas Fire District #1. I hereby release and hold Clackamas Fire District #1 harmless from any claim for releasing any truthful information within its knowledge and / or records.

I understand that any position that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

The information requested below is required to complete a background check:

Date of Birth	Social Security Number	Drivers License #
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Signature	Date:	Print Name
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A photocopy of the authorization is to be considered as valid as the original. Should there be any questions as to the validity of the authorization, questions may also be directed to the HR Manager at (503) 742-2648.

CLACKAMAS FIRE DISTRICT #1

A Summary Of Your Rights Under The Fair Credit Reporting Act (Applicant's Copy)



Note: Please retain this information for your records

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

CLACKAMAS FIRE DISTRICT #1

A Summary Of Your Rights Under The Fair Credit Reporting Act (Continued...)



Note: Please retain this information for your records

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-800-XXX-XXXX.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

Federal enforcers are:

Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches / agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office Of The Comptroller Of The Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division Of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office Of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department Of Agriculture Office Of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051