

Spokane County Fire District 2
Volunteer Application

Name: _____

Address: _____ How long at this address: _____

Primary phone: _____ Secondary Phone: _____

Email: _____

Personal History

Date of Birth: _____ Age: _____ Marital Status []Single []Married

Name of Spouse: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

SSN: _____ Drivers' License #/State: _____

Restrictions or Endorsements: _____

Felony Convictions: []Yes []No

Medical and Emergency

Emergency Contact: _____

Relationship: _____ Address: _____

Home phone: _____ Cell Phone: _____

Physician: _____ Telephone: _____

Blood Type: _____ Allergies: _____

Physical Limitations: _____

Education

High School Graduate: []Yes []No []GED []In High School

College (circle highest year completed): 0 1 2 3 4 5 6+

Degree: []None []AA/AS []BA/BS []Masters []Doctorate []Other(Specify)_____

Major/Minor/Emphasis:_____

Employment History

Present Employer:_____

Address:_____Phone:_____

Occupation:_____Shift:_____

Employment Date:_____Supervisor:_____

Previous Employer:_____

Address:_____Phone:_____

Occupation:_____Employment Dates:_____

Firefighting/EMS Experience

Types of Service (check all that apply):

- []Structure Firefighting []Wildland Firefighting []EMS
- []Other (Specify):_____Years of Service:_____

EMS Qualifications Held (Check all that apply):

- []None []First Aid []Emergency Medical Responder
- []EMT-Basic []EMT-Intermediate []EMT-Advanced
- []Paramedic []RN []LPN
- []Other (Specify)_____

Fire Qualifications and Other Training:_____

References

No Relatives

1) Name: _____

Address _____ Phone: _____

2) Name: _____

Address _____ Phone _____

3) Name: _____

Address _____ Phone _____

Certification

I certify that all answers given in this application are true and correct to the best of my knowledge.

Name (Printed): _____

Signature: _____ Date _____

Please return to:

Volunteer Coordinator
PO Box 193
Fairfield, WA 99012