

# 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