



Volunteer Employment Application

Position: Fire EMS Both Date: _____

Name: _____
(Last) (First) (MI)

Address: _____
Street City State Zip

Email: _____

Professional Reference: _____ Phone: _____

Address: _____

Do you possess a valid Driver's License? Yes No

Driver's License Number: _____

List all special endorsements: (EVAP, CDL, ETC...) _____

Do you possess a current EMT License? Yes No

Please identify any training you have completed that would be advantageous to you in fulfilling Firefighter or EMS duties as assigned:

- | | |
|---|--|
| <input type="checkbox"/> Firefighter I | <input type="checkbox"/> ICS Training |
| <input type="checkbox"/> Firefighter II | <input type="checkbox"/> Officer Developmental Training |
| <input type="checkbox"/> Hazmat Training | <input type="checkbox"/> Blue Card |
| <input type="checkbox"/> Driver/Operator Equipment Training | <input type="checkbox"/> Red Card |
| <input type="checkbox"/> EMT Emergency Medical Technician | <input type="checkbox"/> First Aid Effective Date _____ Exp Date _____ |
| <input type="checkbox"/> EMR Emergency Medical Responder | <input type="checkbox"/> CPR Effective Date _____ Exp Date _____ |

Other: _____

Are you willing to train on weekends and evenings? _____

Signature _____

Date _____

Please attach: 1 – Copies of all endorsements and/or certifications
2 – A complete driver's record/abstract (dol.wa.gov) 3-year commercial insurance card

Must also be willing to take a pre-employment CDL Drug Screen. **Please Print out, fill out, attach endorsements and mail to: CWWFD2, PO Box 925, Waitsburg, WA 99361**