

# Cannon Beach Rural Fire Protection District



## Volunteer Application Packet

188 E. Sunset Blvd. / PO Box 24, Cannon Beach, OR 97110

Phone: 503-436-2949

[www.cbfire.com](http://www.cbfire.com)



@cannonbeachfire

## **VOLUNTEER ACCEPTANCE PROCESS**

***\*Please return highlighted portion of application, to the Recruit Coordinator at Cannon Beach Main Station.***

The application packet you return should include the following:

\_\_\_ Volunteer/Employment Application (pg. 3-5)

\_\_\_ Fire Corps Volunteer, Application – Part 2 (pg. 6)

\_\_\_ Signed Applicant's Statement (pg. 7)

\_\_\_ Photocopy certifications including Fire, EMS, and Driver's License.

Following review of your application packet, you will be contacted by the recruit and retention coordinator.

### **CONTACT INFORMATION**

#### **Recruitment and Retention Coordinator**

**Shaunna White**

188 E. Sunset Blvd.

PO Box 24

Cannon Beach, OR 97110

Station: (503)436-2949 ext. 104

Cell Phone: (503)739-3174

Email: [swhite@cbfire.com](mailto:swhite@cbfire.com)

Fax #: (503)436-9639

**CANNON BEACH FIRE DISTRICT**  
**188 Sunset Blvd**  
**PO Box 24**  
**Cannon Beach, OR 97110**  
**503-436-2949**

Date Received (filled by recruiter): \_\_\_\_\_

## **VOLUNTEER/EMPLOYMENT APPLICATION**

Thank you for applying with Cannon Beach Fire Protection District. Please answer all questions to the best of your ability. We welcome resumes; however, please complete all portions of this application form.

**PLEASE PRINT CLEARLY**

**NAME (LAST, FIRST, MIDDLE)** \_\_\_\_\_  
**ALIAS OR OTHER NAME USED:** \_\_\_\_\_  
**HOME ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**HOME TELEPHONE #:** \_\_\_\_\_ **SECONDARY TELEPHONE #:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_  
**ARE YOU A RESIDENT OF CANNON BEACH FIRE DISTRICT?** \_\_\_\_\_  
**IF SO, HOW LONG HAVE YOU RESIDED IN THE CANNON BEACH FIRE DISTRICT:** \_\_\_\_\_  
**PLEASE LIST FIVE (5) YEAR RESIDENCE HISTORY:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION AND TRAINING**  
HIGH SCHOOL GRADUATE OR G.E.D. CERTIFICATE? \_\_\_\_ Yes \_\_\_\_ No  
If NO, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

<b>COLLEGES, VOCATIONAL/TECHNICAL SCHOOLS</b>	<b>CREDITS</b>	<b>CERTIFICATE OR DEGREE</b>
_____	_____	_____
_____	_____	_____

**LICENSES AND CERTIFICATES (Please attach copies of certificates)**

<b>DESCRIPTION</b>	<b>ISSUED BY</b>	<b>EXPIRATION DATE</b>
_____	_____	_____
_____	_____	_____

**ADDITIONAL KNOWLEDGE, SKILLS AND ABILITIES**  
Please list any additional knowledge, skills or abilities that you believe would be beneficial to Cannon Beach Fire District:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARE YOU NOW OR HAVE BEEN EMPLOYED OR AFFILIATED WITH A FIRE DEPARTMENT?** \_\_\_\_ Yes \_\_\_\_ No

<b>DATES:</b> _____	<b>DEPARTMENT?</b> _____
<b>DATES:</b> _____	<b>DEPARTMENT?</b> _____

**GENERAL INFORMATION:**

**U.S. MILITARY SERVICE:**

BRANCH: \_\_\_\_\_

DATES OF SERVICE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ARE YOU A US CITIZEN? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are not a US Citizen, are you allowed to work in the US without restriction? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYMENT RECORD:** Begin with current/most recent employment.

From: \_\_\_/\_\_\_/\_\_\_ Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
To: \_\_\_/\_\_\_/\_\_\_ Duties: \_\_\_\_\_ Address: \_\_\_\_\_  
Salary: \_\_\_\_\_ per \_\_\_\_\_ Supervisor's Name/Title: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ Telephone: \_\_\_\_\_  
# of employees supervised: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_

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From: \_\_\_/\_\_\_/\_\_\_ Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
To: \_\_\_/\_\_\_/\_\_\_ Duties: \_\_\_\_\_ Address: \_\_\_\_\_  
Salary: \_\_\_\_\_ per \_\_\_\_\_ Supervisor's Name/Title: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ Telephone: \_\_\_\_\_  
# of employees supervised: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_

\*\*\*\*\*

From: \_\_\_/\_\_\_/\_\_\_ Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
To: \_\_\_/\_\_\_/\_\_\_ Duties: \_\_\_\_\_ Address: \_\_\_\_\_  
Salary: \_\_\_\_\_ per \_\_\_\_\_ Supervisor's Name/Title: \_\_\_\_\_  
Hours per Week: \_\_\_\_\_ Telephone: \_\_\_\_\_  
# of employees supervised: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_

## **VOLUNTARY INFORMATION**

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering your application with Cannon Beach Fire District.

1. Gender Identity i.e:  Male  Female  Other
  
2. Race/Ethnicity – Please check the one category which best describes your recognition in your community:  
 American Indian/Alaskan – includes persons who identify themselves or are known as such by virtue of tribal association.  
 Asian/Pacific Islander – includes persons of Japanese, Chinese, Korean, or Filipino descent  
 Black/African American – includes persons of African descent, as well as those identified as Jamaican, Trinidadian, and West Indian descent  
 Hispanic/Latino – includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent  
 White/Caucasian - includes persons of Indo-European descent, including Pakistani and East Indian persons  
 Other – includes Malayan, Thais, and others not covered above.
  
3. Do you have a disability?  Yes  No If yes, please check the type of impairment you have:  
 Hearing  
 Mobility  
 Visual  
 Mental  
 Multiple Disabilities  
 Other (specify): \_\_\_\_\_
  
4. Veteran Status: Check the one (1) box that best describes your veteran status:  
 Disabled Vietnam Era Veteran  
 Disabled Veteran of Other Campaign or War Era  
 Other Disabled Veteran  
 Vietnam Era Veteran  
 Veteran of Other Campaign or War Era  
 Other Veteran

***Cannon Beach Rural Fire Protection District is an equal opportunity agency. It is the policy of Fire District not to discriminate in accordance with the requirements of all applicable state & federal laws, on the basis of race or creed, color, religion, national origin, sexual orientation, covered veteran status, marital status, handicapping condition, political affiliation, pregnancy, gender identity or age.***

If you are accepted as a volunteer/paid with Cannon Beach Fire Protection District, would you be willing to submit to any job-related medical exams, physical ability testing and/or drug tests that may be required of the position to which you have applied?  Yes  No

In your opinion, are you able to perform the essential functions of the position to which you have applied with or without reasonable accommodations?  Yes  No

***This position requires the volunteer to work outdoors in every type of climate and weather condition. The work is repetitive and physically demanding. They may lift and carry heavy objects, and stoop, kneel, crouch or crawl in awkward positions. The volunteer may be exposed to harmful materials or chemicals, fumes, odors, loud noises or dangerous machinery. The volunteer may also be exposed to the morbid, the macabre, the repugnant, the abnormal, the morose, the psychotic, the neurotic and the otherwise unpleasant or unusual facets of results of human behavior. Cannon Beach Fire Protection District strongly suggests consulting with your personal physician before applying.***

## FIRE CORPS VOLUNTEERS

### APPLICATION – PART 2

Cannon Beach Fire appreciates your time and your interest in volunteering with our department. Please complete the following questions to better assist us in matching your interest/skills with projects/events.

1. What are some of your hobbies and interests?

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2. What are some of your skills and/or training (not including Firefighting/EMT training)?

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3. Please list any organizations, clubs and affiliations you are also involved with.

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4. Please check any of the following topics/events that interest you? Marking these topics does not mean you will be expected to volunteer for such projects, but you may be asked if you are interested.

<input type="checkbox"/> Address Signs Maintenance & Installation	<input type="checkbox"/> Alterations	<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Vehicle Maintenance
<input type="checkbox"/> Fire Prevention	<input type="checkbox"/> Fundraiser Events	<input type="checkbox"/> Health Fairs	<input type="checkbox"/> Lockbox Installation
<input type="checkbox"/> Photography	<input type="checkbox"/> Rehab	<input type="checkbox"/> Training/Data Entry	<input type="checkbox"/> Life Safety Education
<input type="checkbox"/> Smoke Detector / Battery Replacement	<input type="checkbox"/> Secretary / Administrative	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Other _____
<input type="checkbox"/> Extended Fire Support – Refill oxygen bottles, assist with delivery of food and water as needed, help out in Rehab.			

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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### **APPLICANT'S STATEMENT**

I certify that all information I have provided is true, complete, and correct.

I understand that I must complete a rigorous training program and meet certain physical requirements and I am aware there is a probationary period.

I understand that any information provided by me that is found to be false, incomplete or misrepresented, will be cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I further understand that an offer of employment is conditional based on proper employment authorization, favorable background verification, ability to perform the essential functions of the job (with or without reasonable accommodations) and passing a pre-employment medical exam and drug screen.

Oregon law prohibits smoking in public facilities; therefore, the applicant agrees to refrain from tobacco products within the facility, surrounding grounds, or company owned vehicles.

I also understand that if I am hired, I will be required to provide proof of identity, a valid driver's license, legal authority to work in the United States and that federal immigration laws require me to complete an I9 Form.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms as stated above.

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**Signature of Applicant**

**Date**