

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

 @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) (only if you are applying to be a member of the District's Fire Corps)

___ Signed Applicant's Statement (pg. 7)

___ Acknowledgement and Authorization for Background Check (pg. 8) **Do not sign or date. Must be done with notary.**

___ Photo Copy of Driver's License

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

CONTACT INFORMATION

Recruitment and Retention Coordinator

Shaunna White

188 E. Sunset Blvd.

PO Box 24

Cannon Beach, OR 97110

Station: (503)739-2949

Cell Phone: (503)739-3174

Email: swhite@cbfire.com

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

Date Received: _____

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

COLLEGES, VOCATIONAL/TECHNICAL SCHOOLS	CREDITS	CERTIFICATE OR DEGREE
_____	_____	_____
_____	_____	_____

LICENSES AND CERTIFICATES (Please attach copies of certificates)

DESCRIPTION	ISSUED BY	EXPIRATION DATE
_____	_____	_____
_____	_____	_____

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

DATES: _____	DEPARTMENT? _____
DATES: _____	DEPARTMENT? _____

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

CONVICTION:

HAVE YOU BEEN CONVICTED OF A FELONY OR SERVED TIME IN PRISON DURING THE LAST SEVEN YEARS? _____ Yes
_____ No (Conviction is not an automatic bar to membership. Each case is considered separately.)

IF YES, PROVIDE INFORMATION REGARDING DATE, CHARGE, PLACE, AND ACTION TAKEN.

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? _____

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: _____
		Reason for Leaving: _____

of employees supervised: _____ 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. Sex (check one): Male Female
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?

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

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

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.

Signature of Applicant

Date



**BACKGROUND HISTORY CHECK – RELEASE AUTHORIZATION FORM
CANNON BEACH RURAL FIRE PROTECTION DISTRICT**

188 Sunset Blvd | PO Box 24 | Cannon Beach, OR 97110 | Phone: 503-436-2949 | Fax: 503-436-9639

The Cannon Beach Rural Fire Protection District is authorized by ORS 181.555, ORS 802.179, to conduct criminal and driving record background checks to qualify an individual for employment, volunteer service, or licensing. In conducting criminal and

driving record background checks, the Cannon Beach Rural Fire Protection District may use information maintained by OSP, FBI, DMV, law enforcement agencies, and other record resources.

I authorize the Cannon Beach Fire District to obtain arrest information, criminal history records, and driving records. I hereby authorize release of information, which may be considered, in evaluating my qualifications. This authorization allows for Cannon Beach Rural Fire Protection District to obtain information of a confidential and privileged nature.

Application Information		
Date:	Volunteer Position, Employment Position, or License:	
Full Name:		AKA's:
Date of Birth:	SSN:	Driver's License / State ID #:
Criminal History		
Have you ever been arrested and/ or convicted of any crime? (If yes, list date, charge, location)		___ Y ___ N
Motor Vehicle Operation		
Have you ever been cited or arrested for a motor vehicle crime or violation? (If yes, list date, charge, location)		___ Y ___ N

By signing below, I verify the information I provided on this document is true and accurate and subject to verification. I understand that any false statements or omissions may deny me from volunteer service, employment, or licensing with the Cannon Beach Rural Fire Protection District. I specifically waive any rights to review or inspect any of the information obtained.

Dated this _____ day of _____, 20____

_____ Signature of Applicant

State of OREGON
County of Clatsop
Signed (or attested) before me on _____, 20____ by: _____
Applicant Name

Notary Public – State of Oregon

NOTICE TO EMPLOYERS:
Oregon Revised Statute 30.178 states: "An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by a preponderance of the evidence, is immune from civil liability for such disclosure or its consequences. For purposes of this section, the presumption of good faith is rebutted upon showing that the information disclosed by the employer was knowingly false or deliberately misleading, was rendered with malicious purpose or violated any civil right of the former employee protected under ORS chapter 659.