

**Colville Fire Department  
170 S. Oak  
Colville, WA 99114**

**Application for Membership**

**NAME:** \_\_\_\_\_  
Last First Middle

**DATE OF BIRTH:** \_\_\_\_\_

**WASHINGTON DRIVERS  
LICENSE#:** \_\_\_\_\_

**PHYSICAL  
ADDRESS:** \_\_\_\_\_

**PHONE  
NUMBER:** \_\_\_\_\_  
Home Cell

**1) WHY DOES APPLICANT WANT TO BE A VOLUNTEER FIREFIGHTER?**

\_\_\_\_\_  
\_\_\_\_\_

**2) HAS APPLICANT TALKED IT OVER WITH SPOUSE AND FAMILY?  
YES \_\_\_\_\_ NO \_\_\_\_\_**

**3) DO YOU HAVE ANY PHYSICAL PROBLEMS THAT WOULD PROHIBIT YOU FROM  
PERFORMING THE DUTIES OF A FIREFIGHTER?**

\_\_\_\_\_

**4) ON HOLIDAYS, WILL YOU BE WILLING TO STAY CLOSE TO THE STATION IF  
ASKED? YES \_\_\_\_\_ NO \_\_\_\_\_**

5)ARE YOU FREE TO DRILL ON THE FIRST & THIRD MONDAY EVENING EACH MONTH? YES\_\_\_\_NO\_\_\_\_

6)EXTRA TRAINING OUTSIDE THE NORMAL TRAINING SCHEDULE MAY BE REQUIRED FOR FIRST AND SECOND YEAR FIRE FIGHTERS TO BECOME ELIGIBLE TO FIGHT STRUCTURE AND WILD LAND FIRES. THIS MAY INCLUDE SOME EVENINGS AND WEEKENDS. ARE YOU WILLING TO ATTEND EXTRA TRAINING AS REQUIRED.  
YES\_\_\_\_NO\_\_\_\_

7)CURRENT EMPLOYMENT:\_\_\_\_\_

8)JOB TITLE:\_\_\_\_\_

9)WORK DAYS:\_\_\_\_\_

10)HOURS WORKED:\_\_\_\_\_

11)WILL YOUR EMPLOYER ALLOW YOU TO RESPOND TO EMERGENCY CALLS DURING WORK HOURS: (Not required to be considered for application)

---

12) WHAT IS YOUR TRAVEL TIME FROM YOUR RESIDENCE TO THE FIRE STATION?

TIME:\_\_\_\_\_

MILES:\_\_\_\_\_

13)EDUCATION: HIGH SCHOOL:\_\_\_\_\_ COLLEGE:\_\_\_\_\_  
VOCATIONAL:\_\_\_\_\_

14)HAVE YOU HAD MILITARY SERVICE? YES\_\_\_\_NO\_\_\_\_  
BRANCH\_\_\_\_\_ YRS\_\_\_\_\_

DO YOU HAVE ANY PREVIOUS FIREFIGHTING EXPERIENCE:

---

---

**15)LIST TWO REFERENCES INCLUDING NAMES AND CONTACT INFORMATION NOT RELATED TO YOU:**

---

---

**16)HAVE YOU HAD ANY TRAFFIC RELATED INFRACTIONS OR CITATIONS IN THE PAST 3 YEARS:**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IF YES, EXPLAIN:** \_\_\_\_\_

---

---

**17)HAVE YOU BEEN CONVICTED OF ANY FELONY CRIMES:**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**18)HAVE YOU BEEN CONVICTED OF ANY MISDEMEANOR CRIMES IN THE PAST 10 YEARS.**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**IF YES TO EITHER OF THE ABOVE, PLEASE EXPLAIN:**

---

---

---

## **Notice to Volunteers**

**Volunteers are not considered to be City of Colville employees. Injury compensation and retirement is provided by the Washington State Volunteer Firefighters and Reserve Police Officers Relief and Pension Act. Volunteer service is considered to be creditable work experience. The data furnished on this form is furnished voluntarily and will be used to contact, interview, and place volunteers.**

### **Signature is Required**

**To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application is grounds for dismissal as a volunteer. Further I give permission for an authorized representative of the City of Colville to conduct a State Patrol criminal background check in accordance to RCW 43.43.830-839 and to inquire of individuals about my ability to perform all aspects of the volunteer position for which I'm being considered. I release the City of Colville and those individuals/institutions that provide information from any liability that may arise from the provision of this information.**

**As a volunteer for the City of Colville Fire Department, I am fully aware that the work associated with being a volunteer firefighter involves certain risks of injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate as a volunteer firefighter, I hereby assume all risk of injury, damage, and harm to myself arising from such activities or use of City equipment or facilities. I also hereby individually and on behalf of my heirs, executors, and assignees, release and hold harmless the City of Colville, it's officials, employees and agents, and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death, or other consequences occurring to me arising out of my volunteer activities.**

**I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and or accident to me while participating as a volunteer firefighter.**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**