

# BE A VOLUNTEER



Snohomish County Fire Protection

District #19

**Gain the experience and the  
knowledge of the fire service!**

**"Serving Our Community by Saving Lives and Protecting Property"**

## **Volunteer Requirements**

**You are taking the first step toward becoming a member of the Snohomish County Fire Protection District #19. We provide fire protection, first aid, and rescue services for our community and surrounding communities.**

**There are requirements you must meet to be considered for membership: Interview, physical agility and background check. We want to insure that all firefighters are capable of doing the job. Your safety is important to us.**

**In joining our fire department, you will become responsible for your actions as a firefighter/EMS responder. Many people's lives and property, as well as your own, depend upon your actions. If you are going to be a firefighter, be a good one!**

**You must meet the following requirements to become a shift worker:**

- 1. Must be at least 18 years of age.**
- 2. High school diploma or GED.**
- 3. Must pass a physical agility test.**
- 4. Firefighter I** (applicants who reside within Fire District 19 and do not have their FF1 may be eligible for placement in a recruit academy).
- 5. State Certified EMT-B** (applicants who reside within Fire District 19 and do not have their EMT may be eligible for placement in an EMT class).

**You must have either FFI or EMT, you then have one year to get the other, after becoming a member.**

- 6. Must work (5) 12 hour days a month until certified as a shift worker, you then will be required to work at least (5) 12 hour shifts, day or night.**
- 7. Complete all required training throughout the year.**
- 8. Medical Exam (District 19 conducts drug testing).**

**You must meet the following requirements to be a community volunteer:**

- 1. Must be at least 18 years of age.**
- 2. High school diploma or GED.**
- 3. Must pass a physical agility test.**
- 4. Attend 75% of Tuesday night training.**
- 5. Medical Exam (District 19 conducts drug testing).**

## Application Checklist

- ☐ Complete Application
- ☐ Copy of High School Diploma or GED
- ☐ Copy of Washington State Driver's License
- ☐ Copy of Social Security Card
- ☐ Copy of Firefighter I Certificate
- ☐ Copy of Washington State EMT Certificate
- ☐ Background Check Authorization
- ☐ "At Will" Service Agreement
- ☐ Must provide an abstract driving record. (A "**Complete Record**" of all traffic related convictions, violations, collisions, and suspension, revocation, and disqualified action). From the Department of Licensing.
- ☐ Applicant Liability Waiver and Release Agreement
- ☐ Application Checklist

I understand that if I do not return a completed application packet and all of the required documentations requested on the Application Checklist, that it might disqualify me as an applicant for membership with Snohomish County Fire District 19.

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Signature

Date



# Snohomish County Fire District 19

2720 212th St. NW Stanwood, WA 98292 (360) 652-8277



## Personal Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone(day): \_\_\_\_\_ Phone(night): \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

## I am Applying for the position of

I am applying for: ☐ Volunteer ☐ Volunteer/Part-Paid ☐ Support Person

I live in district 19: ☐ Yes ☐ No

## Education and Fire Service Training

List all education and training that applies to the position that you would like to be considered for

High School: Graduate ☐ Yes ☐ No ☐ GED

College: Graduate ☐ Yes ☐ No Degree: \_\_\_\_\_

Schools and Other Training:




### Employment History

Name of Employer: _____			
Address: _____			
(Street)	(City)	(State)	(Zip)
Job Description and Duties: _____ _____			
Dates Employed:	From _____	To _____	
	(MO/YEAR)	(MO/YEAR)	
Salary:	_____		
Supervisor's Name:	_____		
Phone Number:	_____	E-Mail:	_____
Reason for Leaving:	_____		

Name of Employer: _____			
Address: _____			
(Street)	(City)	(State)	(Zip)
Job Description and Duties: _____ _____			
Dates Employed:	From _____	To _____	
	(MO/YEAR)	(MO/YEAR)	
Salary:	_____		
Supervisor's Name:	_____		
Phone Number:	_____	E-Mail:	_____
Reason for Leaving:	_____		

### Employment History (Cont.)

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Job Description and Duties: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
(MO/YEAR) (MO/YEAR)

Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Job Description and Duties: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
(MO/YEAR) (MO/YEAR)

Salary: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Professional References

Name:				
Address:				
	(Street)	(City)	(State)	(Zip)
Occupation:		Phone Number:		
E-Mail:				

Name:				
Address:				
	(Street)	(City)	(State)	(Zip)
Occupation:		Phone Number:		
E-Mail:				

Name:				
Address:				
	(Street)	(City)	(State)	(Zip)
Occupation:		Phone Number:		
E-Mail:				

Name:				
Address:				
	(Street)	(City)	(State)	(Zip)
Occupation:		Phone Number:		
E-Mail:				



Personal Reference

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

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Residences

Address:

(Street)

(City)

(State)

(Zip)

Dates:

To

(MO/YEAR)

Reason for Moving:

Manager:

Phone Number:

E-Mail:

Address:

(Street)

(City)

(State)

(Zip)

Dates:

To

(MO/YEAR)

Reason for Moving:

Manager:

Phone Number:

E-Mail:

Address:

(Street)

(City)

(State)

(Zip)

Dates:

To

(MO/YEAR)

Reason for Moving:

Manager:

Phone Number:

E-Mail:

**US Military Service**

Branch: \_\_\_\_\_ Dates \_\_\_\_\_ To \_\_\_\_\_ (MO/YEAR)

Current Affiliation: ☐ None ☐ Active Reserve ☐ Inactive Reserve

**Legal**

Are you legally authorized to work in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid Washington State driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had your license revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had your license suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please explain any license revocations or suspensions, as well as, any arrests or convictions below  
(use additional Paper if necessary)

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**Emergency Contact Information**

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

SNOHOMISH COUNTY FIRE DISTRICT 19 2720 212<sup>TH</sup> ST NW STANWOOD, WA 98292 (360) 652-8277

I, the undersigned, understand that by submitting this application that I am authorizing Snohomish County Fire District 19 to make investigations into my past employment record, criminal background record, driving record, education, and personal character. I further understand that information may be gathered from all resources available to Snohomish County Fire District 19.

I certify that I have been truthful in my answers, and that should any false statements or omissions discovered, that shall be sufficient information to result in denial of membership.

I certify I am able to perform all aspect of the job I am applying for.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Official Use Only**

**Application Received:**

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

**Written Test:** PASS/FAIL

Score: \_\_\_\_\_

**Physical Agility:** PASS/FAIL

CPAT: YES/NO

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

**Oral Board Exam:** YES/NO

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

YES/NO

**Driver's Abstract:** YES/NO

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

Score: \_\_\_\_\_

**Background Check:** YES/NO

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

**Background Findings:**

**Reference Check:** YES/NO

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

**Reference Finding:**



## AT WILL AGREEMENT

AT WILL AGREEMENT I understand as a member of Snohomish County Fire Protection District #19, that I am not an employee of the district and my services to the district are provided as an “at-will” member and that I may be terminated as a member of the district at anytime with or without cause.

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Signature

Date

### Background Authorization

#### Background Check Authorization

I, (Print Name) \_\_\_\_\_ give permission for an authorized representative of Snohomish County Fire Protection District #19 to inquire of law enforcement agencies, current employers, former employers, business associates, friends, family, neighbors, and or others with whom I may be acquainted. This inquiry may include information as to my character, general reputation and personal characteristics, whichever may be applicable. Those individuals who supply references may respond freely to all questions concerning my job related knowledge, skills, abilities, education, and experience. And other matters that may be relevant to my performance in the position I am seeking. I hereby release all those law enforcement agencies, employers, references, academic institutions, and other individuals from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for service with the Snohomish County Fire Protection District #19. It is further agreed and understood that I shall hold the Snohomish County Fire Protection District #19 harmless for use of any and all information gained through these inquiries. I authorize the Snohomish County Fire Protection District #19 to reproduce this signed form and a reproduction of it shall be for all intents and purposes as valid as the original. I understand that the Snohomish County Fire Protection District #19 will complete a comprehensive criminal background investigation that may include, but not limited to an NCIC (National Criminal Information Center) records check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** Please check the bottom box **"Complete Record"**  
All traffic related convictions, violations, collisions, and  
suspension, revocation, and disqualification action.



### REQUEST FOR ABSTRACT OF DRIVING RECORD

An abstract of driving record must be obtained through the Department of Licensing. This form may be used to request a copy of **your** driving record. The information contained in the driving records obtained from this Department shall be used in accordance with requirements and in no way violate the provisions of RCW 46.52.130, 28A.160.210, and 18 USC 2721.

FOR VALIDATION ONLY

106-060-421-0005

PRINT REQUESTOR NAME (Last, First, Middle Initial)		
WASHINGTON DRIVER LICENSE NUMBER	DATE OF BIRTH	(AREA CODE) DAYTIME TELEPHONE NUMBER
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PURPOSE OF DRIVE RECORD: IF NONE OF THE BOXES ARE CHECKED, FORM WILL BE RETURNED.		
<input type="checkbox"/> <b>Three-year noncommercial insurance record.</b> Available for underwriting noncommercial motor vehicle policies.		
<input type="checkbox"/> <b>Three-year commercial insurance record.</b> Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.		
<input type="checkbox"/> <b>Three-year life insurance record.</b> Available to the life insurance carrier providing coverage for underwriting purposes only. Contains all traffic related commercial and noncommercial convictions, violations, and collisions.		
<input type="checkbox"/> <b>Full employment/commercial record.</b> Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals or passengers for hire. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.		
<input type="checkbox"/> <b>Volunteer vanpool driver record.</b> Available to transit authorities to determine insurance and risk management requirements necessary to drive a vanpool vehicle. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.		
<input type="checkbox"/> <b>Volunteer for organization driver record.</b> Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle used to transport individuals under age 18, over age 65, or physically or mentally disabled, upon public highways. The record shows all traffic related convictions, violations, and collisions. Some convictions remain on record for more than five years.		
<input type="checkbox"/> <b>School bus driver record.</b> Available to school districts to determine employment eligibility for school bus operation. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions. Some convictions remain on record for more than five years.		
<input type="checkbox"/> <b>Complete record.</b> Available to named individuals, attorneys, law and justice agencies, and governmental agencies. The record shows all traffic related convictions, violations, collisions, and suspension, revocation, and disqualification actions.		
I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.		
<b>X</b> SIGNATURE	PLACE SIGNED	DATE SIGNED (valid four months)

A fee of \$5.00 is required for each driving record requested. Fee should be in the form of a check or money order made payable to the Department of Licensing. Allow two weeks from date of mailing to receive your record. For further questions contact Customer Service at (360) 902-3900.

Please mail your request to: **Department of Licensing  
Driver Records  
PO Box 9048  
Olympia, WA 98507-9048**

Your driving record will be sent to the mailing address above.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 654-0110.  
TR-511-029 REQUEST FOR ADR (R01003)ORW

SNOHOMISH COUNTY FIRE DISTRICT 19 2720 212<sup>TH</sup> ST NW STANWOOD, WA 98292 (360) 652-8277