



## Pend Oreille County Fire Protection District #2

"Volunteers Providing Fire, Emergency Medical and Rescue Services to North Pend Oreille County"

### Application

Legal Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been a member of a Fire Dept, Ambulance Service or other agency? \_\_\_  
If so list agencies, dates of service and positions held:

Have you ever had fire suppression training? \_\_\_\_\_  
If so list fire suppression courses, dates, instructors, sponsoring dept. etc

Have you ever been EVAPP certified? \_\_\_ Date of last certification: \_\_\_\_\_

Are you currently an EMT or 1<sup>st</sup> Responder? (circle one) Recertification due: \_\_\_\_\_

Have you been an EMT or 1<sup>st</sup> Responder in the past? (circle one) Last cert: \_\_\_\_\_

Circle any of the following that apply:

IV Tech	Defib Tech	Airway Tech	EMT-I
BLS evaluator	CPR Instructor	1 <sup>st</sup> Aid Instructor	EMT-P

Number years as a certified EMT or 1<sup>st</sup> Responder: \_\_\_\_\_

## Pend Oreille County Fire District #2 Application, Page 2

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

Date of last activity in EMS or Fire Service: \_\_\_\_\_

Do you have a current First Aid card? \_\_\_\_ Expires on: \_\_\_\_\_

Do you have a current Health Care Provider CPR card? \_\_\_\_ Expires on: \_\_\_\_\_

Have you been vaccinated against hepatitis B? \_\_\_\_\_

Are you interested in helping staff: (circle)

Fire Apparatus

Aid Car

Ambulance

Have you ever been convicted of a felony? (If yes, explain on separate paper) \_\_\_\_\_

Have you ever been fired or quit to avoid being fired from a Fire Dept, Ambulance Service or other public safety organization? (If yes, explain on separate paper) \_\_\_\_\_

May we contact the organizations you have served in the past? \_\_\_\_\_

List three references:

Name

Address

Phone

1.

2.

3.

List any additional information that might be helpful below:

I hereby affirm and declare the information on this application is true and correct and understand that a background check may be performed.

Signed: \_\_\_\_\_

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