



North Mason Regional Fire Authority

P.O. Box 277 / 460 NE Old Belfair Hwy Belfair, WA 98528
360-275-6711 phone / 360-275-6224 fax

Applicants may be contacted for interviews and assessments following the review of a completed application. If you are selected for the assessment process and need special accommodations due to impairment or disability, or have any questions regarding the application process, please contact Angie McCormick at 360-275-6711 Ext. 0 or by email at amccormick@northmasonrfa.com

Volunteer Application

APPLICANT INFORMATION

Select the volunteer position that you are applying for:

Full Name: _____ Date of Birth: _____
Last First M.I.

Residence Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code How long at this address?*

Mailing address: _____
Street Address

_____ *City State ZIP Code*

Telephone: _____ Cell Phone: _____ Email: _____

Date Available: _____

Do you have, or can you obtain a Washington state driver's license? YES NO

Have you ever volunteered before? YES NO
If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

EDUCATION

High School: _____ Highest grade level achieved?: _____

YES NO

From: _____ To: _____ Did you graduate? _____ Diploma: _____

College: _____ Course of Study: _____

YES NO

From: _____ To: _____ Did you graduate? _____ Degree: _____

Other: _____ Course of Study: _____

YES NO

From: _____ To: _____ Did you graduate? _____ Degree: _____

List below valid licenses or certificates of professional or vocational competence relevant to the volunteer position for which you are applying.

License/Certificate :

License/Certificate Number:

Expiration Date:

1)

2)

3)

4)

REFERENCES

Please list three professional references.

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

PREVIOUS EMPLOYMENT

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Additional, relevant employment may be attached.

MILITARY SERVICE

Branch: _____

From: _____

To: _____

Rank at Discharge: _____

Type of Discharge: _____

If other than honorable, please explain: _____

MISCELLANEOUS

How did you hear about this Volunteer opportunity? (Please provide specific name of media whenever possible.)

Word of Mouth: _____
Advertisement in: _____
Website: _____
Other: _____

NOTICES

The North Mason Regional Fire Authority (NMRFA) is an equal employment opportunity employer. All qualified candidates will receive consideration without regard to race, color, religion, sex, national origin, age, disability, marital status, political affiliation, sexual orientation, or any other non-merit factor. NMRFA will reasonably accommodate candidates with disabilities as required by law.

NMRFA is a smoke and drug free work place. You will be required to complete a drug test prior to membership.

CANDIDATE AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I certify that I am not engaged in any outside activity or business that could be considered a conflict of interest with the NMRFA or those of its clients, nor will I become engaged in such activity or business if accepted.

I, the undersigned applicant for membership with the NMRFA, in consideration of the review of my membership application, do authorize the NMRFA to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of furnishing such information. If employed, I release the NMRFA from any liability for future references it may provide regarding my employment with the NMRFA. Pursuant to RCW 43.43.834, background checks are available to the applicant upon request. It is my intention that any copy of this authorization be as effective as the original.

Applicant - Please Print Name

Applicant's Signature

_____ Date _____

DRIVING RECORD

Name: _____
Please Print Last First MI

Driver license number (s) _____
License Number State

List all notices of infractions or traffic citations (other than parking tickets), which you have received in the past 5 years.

<u>State</u>	<u>Month/Year</u>	<u>Type of Infraction</u>

Infractions or citations will not necessarily remove you from consideration. The NMRFA will however, consider your driving record when making membership decisions.

Signed: _____ Date: _____

DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that any misstatement, failure to answer fully or omission of fact in this application may result in my not being considered in the selection process or may result in my dismissal after membership. I have read the Volunteer descriptions and I can perform the essential functions of the job for which I am applying, with or without reasonable accommodation. I understand that acceptance of an offer of membership does not create a contractual obligation upon the NMRFA to continue to retain me in the future. For determination of my potential membership eligibility, I hereby authorize release of educational, police, criminal and employment information pertinent to the position for which I am applying. I further authorize the NMRFA to rely upon and use, as it sees fit, any of the information received.

Signature: _____ Date: _____

Completed Applications can be sent via email, fax, mail, or hand delivered to Angie McCormick, Administrative Assistant
PO Box 277, Belfair, WA 98528
Fax: 360-275-6224
Email: amccormick@northmasonrfa.com
Office hours: Monday through Friday 8:00 am - 4:30 pm