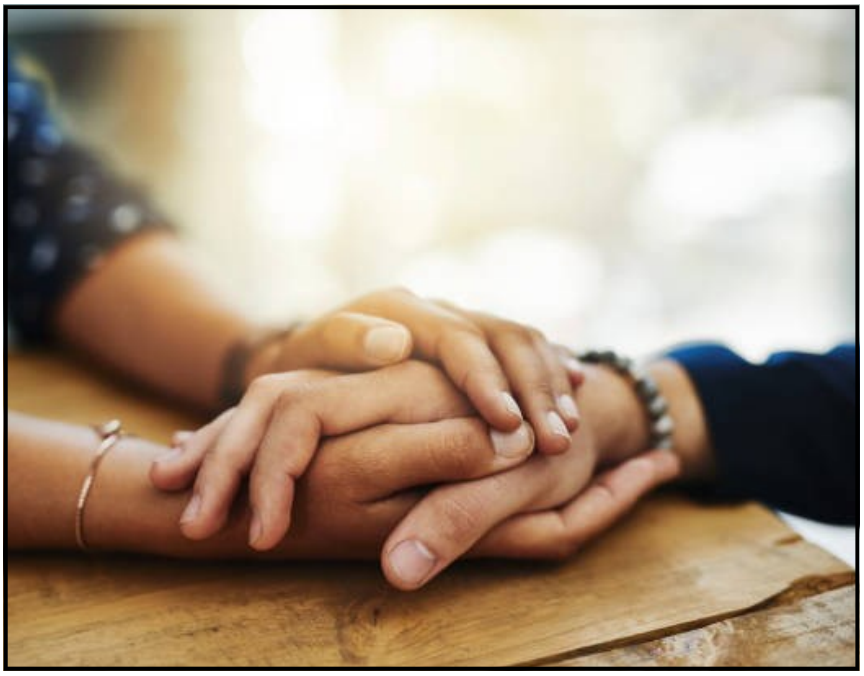
Mason County Fire Chiefs Association

Now Accepting Applications for the Mason County Volunteer Chaplain Program

Provide comfort, reassurance and guidance to those in Mason County who are displaced by fire or experience an emotionally traumatic incident.



Chaplain's Role

We want to thank you for your interest in joining the Mason County Volunteer Chaplain Program. As a Volunteer Chaplain, you will provide comfort, reassurance and guidance to those in Mason County who are displaced by fire or experience an emotionally traumatic incident.

Volunteer Chaplains are to be selfless, empathetic and caring. They must be emotionally and spiritually mature, and desire to share hope and comfort with survivors of tragedies. Chaplains must be able to sit with someone experiencing loss or grief, while simultaneously providing any necessary logistical support and/or coordination.

Being a volunteer chaplain to those who have experienced loss and pain is a rewarding opportunity; however, it can also be very challenging due to the emotional and spiritual demands involved. Please read this document carefully as you consider applying to become a Mason County volunteer chaplain.

Important Dates

- **Opening Date:** November 17, 2025
- **Open Information Night:** December 18, 2025
- **Closing Date:** Januray 16, 2025
- **Mason County Chaplain Academy:** Time and Dates TBD Starting February 2025

Minimum Requirements

- Applicants must be 18 years of age or older
- Hold a valid WA State driver's license with an acceptable driving record
- Pass a comprehensive background check
- While exposure to death/dying is helpful, experience as a Chaplain is not required

Required Training

Prior to the start of Mason County's Chaplain Academy, applicants must complete the following online FEMA courses:

- IS-100.C: Introduction to Incident Command System
- IS-200.C: Basic Incident Command System for Initial Response
- IS-700.B: An Introduction to the National Incident Management

Major Functions

- Be able to drive a vehicle as needed.
- Be in good physical health.
- Be willing to serve outside in poor weather conditions.
- Be willing to serve rotating 24-hour shifts.
- Be able to lift at least 25 pounds.
- Understand cellphone service may be limited or not available.
- Be a person of emotional and spiritual maturity.
- Always demonstrate a servant's heart.
- Be a good listener for extended periods of time.
- Focus on the emotional and spiritual care of others.
- Be able to sit with grief and loss.

Application Submission Checklist

- ☐ Mason County Volunteer Chaplain Program Application
- ☐ One (1) Page Essay: What draws you to Chaplaincy?
- ☐ Current resume
- ☐ Three (3) Character Reference Letters (personal, professional, faith/spiritual)
- ☐ WA State Background Check Release

Completed applications can be sent via email, fax, mail or hand delivered to:

Attn: Angie McCormick, Executive Assistant
North Mason Regional Fire Authority
490 NE Old Belfair Hwy
PO Box 277
Belfair, WA 98528

Phone: 360-275-6711
Fax: 360-275-6224
Email:
amccormick@northmasonrfa.com

The Mason County Fire Chiefs Association is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability status or any other basis prohibited by federal, state or local law.

VOLUNTEER CHAPLAIN APPLICATION

If you have any questions regarding the application process, please contact Executive Assistant Angie McCormick by email at amccormick@northmasonrfa.com.

APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____
Last *First*

Physical Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Mailing Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email Address: _____ Date Available: _____

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

Have you ever been convicted of a felony? ☐ YES ☐ NO

If yes, explain: _____

SKILLS AND EXPERIENCE

Please indicate if you have any of the following skills or training:

☐ CPR
☐ First Aid
☐ Fire Safety Systems (alarms, extinguishers)
☐ Rescue Procedure (lifeguard, auto extrication)
☐ Commercial Driver's License (CDL)
☐ Highway Safety and Flagging
☐ Communications and Radios
☐ Certified Trade (mechanic, electrician)
☐ Occupational Health and Safety
☐ Other _____

Please explain any previous chaplain experience: _____

_____

_____

Please explain your spiritual or religious background: _____

_____

_____

EDUCATION

Please list any relevant education:

School Name: _____ From _____ To _____

Course of Study: _____ Degree _____

EMPLOYMENT

Please list any relevant (or most recent) employment:

Company Name: _____ From _____ To _____

Job Title: _____

Responsibilities: _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable explain: _____

DRIVING RECORD

Full Name: _____
Last *First*

Driver's License Number: _____ State: _____

List all notices of infractions or traffic citations (other than parking tickets) that you have received within the last five (5) years:

_____

_____

_____

Infractions or citations will not necessarily remove you from consideration.

MISCELLANEOUS

Do you have any expectations of the program? _____

_____

_____

_____

How did you hear about this volunteer opportunity?

☐ Word of Mouth: _____

☐ Website: _____

☐ Advertisement In: _____

☐ Social Media: _____

☐ Other: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that to be eligible for the Volunteer Chaplain Program, I must be willing and able to participate in the required training courses.

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 Mason County Fire Chiefs Association to rely upon and use, as it sees fit, any of the information received. It is my intention that any copy of this authorization is as valid as the signed original.

Signature: _____ Date: _____

Completed applications can be sent via email, fax, mail or hand delivered to:

Attn: Angie McCormick, Executive Assistant
North Mason Regional Fire Authority
490 NE Old Belfair Hwy
PO Box 277
Belfair, WA 98528

Phone: 360-275-6711
Fax: 360-275-6224
Email:
amccormick@northmasonrfa.com

Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

Abstract of Driving Record Release of Interest

Employer, prospective employer, or volunteer organization name: North Mason Regional Fire Authority

Agent business name if acting on behalf of the company for employment purposes: _____

This is an authorization of:

1. Employee – for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment; or
2. Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed; or
3. Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization.

I, _____, am an employee, prospective employee, or volunteer of
Your name
the company named above and I request a copy of my official driving record in the state of Washington to my employer, prospective employer, volunteer organization, or their agent.

No employer, prospective employer, or their agent may use information contained in a driving record related to the sealed juvenile record of an employee or prospective employee for any purpose unless required by federal law. The employee or prospective employee must furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Employee/Prospective employee/Volunteer full name *(First, Middle, Last)*	Date of birth (mm/dd/yyyy)	WA driver license number
Employee/Prospective employee/Volunteer signature **X**	Date signed	

The company listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of Licensing (DOL), the DOL Director, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney's fees, arising from any incorrect or improper disclosure of individual names or addresses under this "Release of Interest;" any defects in any of Company's procedures followed or omitted or arising from the failure of Company or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this contract; or arising in any manner from any negligent act or omission by the company or its officers, employees, customers, contractors, or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. The information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the company named below.

Company name	Authorized representative name	Title
Address		

_____ **X** _____

Date and place (city or county) signed — Authorized representative signature

NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.

NMRFA USE ONLY

Mason County Fire Chiefs Association

Background Check Authorization Form

Name: _____
Last First MI

Previous/Other Names Used: _____

Social Security Number: _____ **Date of Birth:** _____

Phone Number: _____ _____
Home Cell

Current Address: _____
Street

_____
City State Zip

How long have you lived at this address? _____

The information contained on this authorization form is correct to the best of my knowledge.

I hereby authorize the Mason County Fire Chiefs Association and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to the following areas: verification of social security number; credit reports; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; birth records; any other public records.

I further authorize any individual company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to the Mason County Fire Chiefs Association or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have, to include information or data received from other sources. The Mason County Fire Chiefs Association and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner, in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

_____ _____
Signature **Date**

Mason County Chaplain Program

EFFECTIVE: January 2024

PURPOSE

This policy establishes the guidelines for Mason County Fire Chaplains through the oversight of the Mason County Fire Chief's Association to provide support services on a 24-hour basis to all Mason County Fire and EMS agency members and families, as well as retirees and members of the public.

POLICY

The Mason County Fire Chiefs Association shall ensure that fire chaplains are properly appointed, trained and supervised to carry out their responsibilities. Chaplain responsibilities will be designated and assigned by the Chief's Association. Reasonable efforts shall be made to incorporate chaplains from varying denominations reflective of the community, to the best extent possible. Chaplains of non-denomination may also serve in a Fire Chaplain capacity.

RESPONSIBILITIES

1. **Chaplain Coordinator.** Mason County's Chaplain Coordinator will ensure the program operates with a high level of integrity and within the scope of the policy, as set forth. The coordinator will provide all necessary direction and support for the fire chaplains, unless otherwise directed by the Fire Chiefs Association.

    1.1. The coordinator must be willing to commit time, as needed, to select fire chaplains, guide the program and act as a liaison between the chaplains, Mason County fire and EMS agency personnel and members of the community. The coordinator will be given the responsibility of maintaining the program and ensuring it operates as intended.

    1.2. The coordinator, in communication with the Fire Chiefs Association, will consider fire chaplain applicants, on religious-neutral grounds, who live within Mason County or the surrounding area.

2. **Fire Chaplains.** Chaplains assist all Mason County fire agency members and their families, as well as volunteers, retirees and members of the public as needed. All chaplains will be assigned duties by the chaplain coordinator or other authorized designee.

    2.1. Chaplains may be called upon to perform the following functions:

        2.1.1. Care for community victims and/or families impacted by fire or other emergencies.
        2.1.2. Assist in handling critical incident situations.
        2.1.3. Assist in notifying families of individuals who have been seriously injured or killed and,

after notification, respond to the hospital or home of the individual.

2.1.4. Attend various functions, including funerals and weddings.

2.2. Chaplains must be willing to ride along, in uniform, with Mason County Fire and MES agencies, to build a rapport with crews. They will be asked to attend various training opportunities, including critical incident defusing and/or debriefing, as well as line-of-duty death classes.

2.3. Chaplains shall be familiar with state evidentiary laws and rules pertaining to the limits of the clergy-penitent, psychotherapist-patient and other potentially applicable privileges. When it is reasonably likely that matters of discussion are not subject to privileged communications, the chaplain should consider referring the individual to an appropriate counseling resource or available program.

2.3.1. No chaplain shall provide counsel to or receive confidential communications from any individual concerning an incident personally witnessed by the chaplain or concerning an incident involving the chaplain.

2.4. Chaplains may not proselytize or attempt to recruit individuals into a religious affiliation while representing themselves as Mason County fire chaplains. If there is any question as to the receiving person's intent, chaplains should verify that the person is desirous of spiritual counseling or guidance before engaging in such discussion.

2.5. Chaplains may not accept gratuities for any service or any subsequent actions or follow-up contacts that were provided while functioning as a chaplain.

3. **Mason County Fire Chiefs Association.** The Association and/or the local Mason County emergency response agency will provide fire chaplains with all the uniforms, identification, and communication equipment necessary to fulfill their duties.

OPERATIONAL GUIDELINES

1. Members of the public have the right to refuse any and all chaplain-related services at any time.

2. **Special Events.** Requests must be submitted to the chaplain coordinator or appointed designee, for events such as funerals, promotions, graduations and other special events deemed relevant by the chaplain coordinator.

3. **Emergency Response.** In the event a chaplain is needed for an emergency incident, the chaplain will be requested using the chaplain tone at MACECOM as well as the Active 911 system. MACECOM will also contact the appropriate on-call chaplain via cell phone should an Active 911 or MACECOM tone request for Chaplain response not be quickly initiated. During an emergency response all Mason County Fire Chaplains will notify MACECOM via radio or cell phone communication all of the following action activities:

- Fire Chaplain enroute to the emergency scene

- Fire Chaplain arrival at an emergency scene
- Fire Chaplain release from or the clearing from an emergency incident

Unsing MACECM's Computer Aided Dispatch system MACECOM will track and report these Chaplain action activities.

3.1. Chaplains operating at emergency incidents or large-scale events shall operate within the Fire/EMS responding agency Incident Command System (ICS) at all times, including participating in and replying to Personal Accountability Reports (PAR) conducted as part of the incident or event.

3.2. Chaplains may be requested by the responding Fire/EMS or Law Enforcement agency to stage away at a remote location from the immediate emergency scene until such time an emergency scene can be determined to be safe. In such scenarios Chaplains will be required to standby in a secure area until the situation has been deemed safe. A chaplain shall never function in a hazardous area or serve as an assistant other than the chaplain's role.

3.3. **MACECOM.** MACECOM will automatically dispatch a fire chaplain for the following emergency events:

3.3.1. Sudden death
3.3.2. Cardiopulmonary resuscitation (CPR) being started or in progress.
3.3.3. Motor vehicle accident (MVA) involving a death.
3.3.4. Any call involving an injury to fire district personnel requiring hospital treatment.
3.3.5. Residential structure fire.
3.3.6. Anytime on-scene personnel or a reporting party requests a chaplain.

3.4. **Officer Request.** When an emergency in the field arises (should the on-duty officer and crew members feel that consoling of the patient and/or family is beyond their capabilities), the officer may inquire if the family or patient would like the services of a Mason County Fire Chaplain to assist them with emotional, spiritual or other emergency-related needs. The officer may request a chaplain at any time during an emergency event.

3.4.1. The chaplain's services will be engaged when the on-duty officer and crew, Fire Chief or Assistant Chief, recognizing the need for a chaplain, contacts MACECOM requesting the services. Whenever possible it is recommended that emergency responders stay on an emergency scene with victims/bystanders until a warm handoff to a Fire Chaplain can take place.

3.5 Post Incident Response Reporting- Fire/EMS agencies may request that Fire Chaplain response activities and actions be documented in using an electronic reporting system (ESO, Emergency Reporting, etc.). For agencies that require Fire Chaplain post incident reporting the Fire Chaplains will report in concurrence with Fire/EMS agency policy in effect for post incident reporting. In most circumstances this with be a Fire Chaplain addendum to the narrative portion of the incident's electronic record keeping report.

4. **Follow-Up Response.** If a member of the community is seeking the services of a Fire Chaplain as a follow-up to an incident, the person may make the request by:

    4.1. Contacting MACECOM, the Chaplain Coordinator or the duty officer, who will place the person in contact with the appropriate Fire Chaplain.

    4.2. Contacting the Fire Chaplain directly, if he/she was given the chaplain's contact information at the incident.

    4.3. The targeted response time for these situations will be within one (1) hour for urgent situations and 24 hours for non-urgent situations.

5. **Injury.** In the event that a Fire Chaplain is injured while performing chaplaincy duties, he/she will be covered by the appropriate Board of Volunteer Firefighter (BVFF) insurance for medical treatment and medical billing, in accordance with all applicable laws related to Fire District volunteers.

    5.1. This provision does not cover salary compensation generated from the chaplain's place of employment, if existing.

IDENTIFICATION AND UNIFORMS

1. **Uniforms.** As representatives of the Mason County Fire Chiefs Association, chaplains are responsible for presenting a professional image to the community. Fire Chaplains shall dress appropriately for the conditions and performance of their duties. Uniforms and necessary safety equipment or personal protective equipment (PPE) will be provided for each chaplain, to include:

    1.1. Class B uniform, belt and boots.
    1.2. T-shirts, sweatshirt, jacket and baseball cap.
    1.3. Class A chaplain's uniform.
    1.4. Gear bag.
    1.5. Basic protective equipment, including goggles, helmet and light gloves.

2. **Identification.** Identification symbols worn by chaplains shall be different and distinct from those worn by other emergency response personnel through the inclusion of "Chaplain" on the uniform and other identifying PPE. Chaplain uniforms and PPE shall not reflect any religious affiliation.

    2.1. Chaplains will be issued Mason County Fire Chaplain identification badges, which must be carried at all times while on-duty.

3. **Additional Provisions.** Chaplains shall also be provided with the following:

    3.1. Radio/pager
    3.2. Active 911 account

RECRUITMENT, SELECTION AND APPOINTMENT

1. **Eligibility.** The chaplain coordinator shall endeavor to recruit and appoint only those applicants who meet the high ethical, moral and professional standards set forth by the Mason County Fire Chiefs Association. Requirements for participation as a Fire Chaplain may include, but are not limited to:

    1.1. Be 18 years of age or older.
    1.2. Possess a current WA State Driver's License.
    1.3. Meet necessary insurability requirements.
    1.4. Successfully complete an appropriate-level background investigation.
    1.5. Maintain a good reputation in the community.

2. **Recruitment.** Chaplains shall be recruited on a continuous and ongoing basis, consistent with current policy on equal opportunity and non-discriminatory practices. Chaplain candidates are encouraged to participate in agency ride-alongs with Mason County Fire and EMS agency members before and during the selection process.

3. **Selection and Appointment.** Individuals interested in becoming a Fire Chaplain in Mason County shall complete the following;

    3.1 Complete an introductory 'meet & greet' with a local Mason County Fire and EMS host agency
    3.2 Submit an application with CV or resume.
    3.3. Satisfactory WA state background check release.
    3.4 Host agency ride along with emergency crews
    3.5 Successfully obtain FEMA Certifications: 100, 200, and 700
    3.6 Successfully complete a Chaplain Training Academy approved by the Mason County Fire Chief's Association
    3.8. Obtain a Letter of Endorsement from local host agency.

TRAINING

1. **Chaplaincy Training Program.** All chaplains shall complete the 40-hour Chaplaincy Training Program at the Washington State Criminal Justice Training Center or other training academy approved by the Association prior to appointment as a chaplain.

2. Fire chaplains are encouraged to attend and participate in additional training as needed, including but not limited to:

    2.1. CPR training
    2.2. Disaster response training
    2.3. Incident Command System (ICS) training

3. At the direction of the Mason County Fire Chiefs Association, the chaplain coordinator may establish a minimum number of training hours and standards for fire chaplains. Training, as approved by the

chaplain coordinator or appointed designee, may include:

3.1. Stress management
3.2. Death notifications
3.3. Symptoms of post-traumatic stress
3.4. Burnout for fire district members and chaplains
3.5. Legal liability and confidentiality
3.6. Ethics
3.7. Responding to crisis situations
3.8. The fire and EMS family
3.9. Substance abuse
3.10. Member injury or death
3.11. Sensitivity and diversity