

Volunteer Firefighter Membership Application



Klickitat County Fire Protection District #4
PO Box 63
Lyle WA 98635
Phone and Fax: (509) 365-2500

Personal Information

Name: _____
Last First Middle

Address: _____

Home Phone: _____ Cell: _____

Email: _____

WA License #: _____

Social Security #: _____ Date of Birth: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Are you currently employed? _____ Employer: _____
Do you own a vehicle? Yes No

Availability

Training: _____ Calls: _____
Fire: 1st Thursdays @ 7-9pm Day (7am-5pm)
Fire: 3rd Thursday's @ 7-9pm Night (5pm-7am)
Medical: 2nd Tuesday 7-9pm

Comments: _____

Fire Experience

Have you been a member of another fire department or agency?

If yes, explain: _____

Department Name: _____

Positions held: _____

Years of Service: _____

Pre-Existing Medical Record

To the best of your knowledge, do you have any of the following conditions?

Vision Deficiencies:	Yes	No	Back Injury:	Yes	No
Hearing Deficiencies:	Yes	No	Epilepsy:	Yes	No
Heart Problems:	Yes	No			

Other Medical Problems (Please explain): _____

Have you ever received compensation for a work related disability?: Yes No

If so, please list injuries for which you received Workers Compensation benefits: _____

Have you had a physical exam in the past two years? Yes No

Highest grade completed 1-12: _____ College (YEARS): _____

Additional/Other education: _____

Background and Driving Record Check

Note: *The existence of a criminal record will not automatically disqualify you from employment with KCFPD#4, though certain types of criminal convictions may prohibit you from working in certain positions.*

1. Have you ever been convicted as an adult of a felony? Yes No
If yes, date and place: _____
Nature of offense: _____
2. Do you agree to a criminal record check (past convictions are not an absolute bar to membership)?
Yes No
3. Do you agree to a driver's license record check? Yes No
4. Do you have experience driving large trucks? Yes No
Driver's license class – A, B, C: _____
Endorsements: _____

List three references:

Name: _____ Relationship: _____
Phone: _____ Email: _____

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I certify that all statements in this application are true. I understand that misrepresentation or omission of facts called for may be cause for dismissal.

It is further understood and agreed that my involvement of services as a volunteer are for no definite period and may be terminated at any time by written notice, with or without cause.

To the best of my knowledge, the above information and statements made are true and accurate, and the Chief has my permission to verify the information provided.

By my signature, I hereby grant permission for a background check and verification of any/all information provided.

Applicant Signature: _____ Date: _____

Approved by Chief: _____ Date: _____