

# Mason 5 FIRE-RESCUE-MEDICAL

**Membership Application Packet**



Mason County Fire Protection District Number 5  
Cover Page Application  
Volunteer Firefighter

Thank you for expressing an interest in Mason County Fire Protection District 5. You are applying to become a member of this District but also a member of the Volunteer Fire Service Community across this nation. This community of volunteers is composed of 1.5 million men and women in over 35,000 Fire Departments.

Mason County Fire Protection District 5 has been providing service since 1953. We provide fire protection, emergency medical treatment/transport, rescue services and respond to request for service in the 150 square miles Fire District 5 encompasses in Central Mason County. Our membership consists of approximately 70 volunteers and 21 career staff. Our staff has a long proud heritage that will be passed on to you when you become a member of this District.

Please fill out the attached District application forms and return them to us. Fill out the request for the abstract driving record and criminal history records and submit them to the proper agencies.

Once we receive all the information attached we will contact you to set up an interview with the Assistant Fire Chief.

Again we are excited that you may join us in our efforts to provide quality emergency services to your friends and neighbors and to continue the proud heritage of our department.

Your Fire Chief

Richard A. Knight

## Fire County Fire Protection District # 5 Membership Application

Name:		Date of Application: / /	
Date of Birth: / /		Weight:                      Height:	
Mailing Address:		E-mail Address	
Phone Number: (360)		Message Phone: (360)                      Driver License #	
Social Security Number: ____ - ____ - ____ attach a photocopy of your driver's license and complete the W-4 withholding statement.			

Position Applying for: Firefighter:  Emergency Medical Tech:  Associate Member:  Sustaining Member:

Have you had any previous experience with emergency services: if yes explain:
If you have had previous volunteer firefighter experience: give department name:
Can you attend and maintain regular drill attendance in accordance with the polices: <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you available for day calls: <input type="checkbox"/> YES <input type="checkbox"/> NO Are you available for night calls: <input type="checkbox"/> YES <input type="checkbox"/> NO
Will you be available to attend drills and meetings and respond on calls: <input type="checkbox"/> YES <input type="checkbox"/> NO
List other community activities you are involved with:
Would any of these activities hamper your duties with this department: if yes please give details:
Are you willing to make personal sacrifices to answer emergency calls for this department: <input type="checkbox"/> YES <input type="checkbox"/> NO
Please list Certifications such as First Aid or EMT and give expiration date:
Are you willing to take the required classes: Fire & First Aid Training: <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have Physical limitations or Special Needs: <input type="checkbox"/> YES <input type="checkbox"/> NO
If you have Physical Limitations, what type of service can you assist with:

Please give three character references for contact:	
Name:	Phone:
Name:	Phone:
Name:	Phone:

<b>Departmental Use Only:</b>			
Equipment Issue:		Date of Issue:	
Helmet #	Coat #	Pant #	Boot #
Pager #	Gloves #	Hose Strap: <input type="checkbox"/> yes <input type="checkbox"/> no	Flash Light <input type="checkbox"/> yes <input type="checkbox"/> no
Other equipment issued:			

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# Mason County Fire Protection District # 5

## Membership Agreement

Equipment issued to you by this Department remains the property of the Department. You are expected to give this equipment good care, keep it clean and turn it in for repairs when needed. You are to use this equipment only while performing your duties as a member of this Department. It shall not be used for personal or other purposes.

When equipment is issued, it shall be identified as to present condition and checked out according to reference numbers. Members will not trade or transfer gear and or equipment without permission of the Fire Chief.

Should any of the equipment become lost or damaged (except normal usage) due to carelessness, the Member shall pay for the cost of any repairs needed to the equipment. If any equipment is lost or damaged due to acts of others beyond your control, it is your responsibility to report it to the district immediately upon discovery. Failure to do so could cause you to be held responsible for the replacement of said equipment lost or damaged.

It will be your responsibility to provide your own jacket or coat of a design and color approved by the District to be worn by you at Department activities when it is not required to wear department turn out gear. The District will provide the identification patches for you to have sewn on the coat. The coat remains your property but the patches remain the property of the District, same as issued gear.

Should you become inactive or withdraw from this Department you must immediately return all issued gear, radios, patches, membership cards that are in your possession. You must turn in this equipment whenever it is requested. If you fail to return all District property issue to you, you then become liable for the cost of its replacement.

The following additional information is needed for Departmental Records:

Person to contact in case of an emergency: _____	
Name: _____	Phone: _____
Relationship to you: _____	Additional Contact Person: _____

Have you ever been convicted of a misdemeanor or felony (include traffic offenses) within the last seven ( 7 ) years which might call into question your fitness for duties for which you have applied: if yes please describe:  YES  NO

(NOTE:) a conviction record will not necessarily bar you from becoming a member

I have read and understand the above and agree to abide by the requirements as stated. Further, I hereby consent to an investigation of the information on my application and herein which the Department may deem necessary, knowing that any false or misleading statements shall be cause for expulsion from this organization.

I also agree that if I am accepted into membership and when I have successfully completed the Recruit Training, that I will take the following obligation:

“ I \_\_\_\_\_, of my own free will and accord, in the presence of these witnesses, do hereby promise and swear that I will answer all alarms or calls if in my power to do so; I will obey all lawful orders given by the Fire Chief and other Chief officers. I will do my utmost to guard the lives and property of this community and be ever watchful of the dangers confronting my fellow fire fighters. To all this I pledge the best of my ability”

Applicant signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Witness by: \_\_\_\_\_

## Mason County Fire Protection District # 5 Membership Application Supplemental

Volunteer Position for Which You Are Interested: (Check All That Apply)

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Firefighter | <input type="checkbox"/> Public Education |  |
| <input type="checkbox"/> EMS/EMT     | <input type="checkbox"/> Resident         | Driver <input type="checkbox"/> / Operator |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Support Services | Other <input type="checkbox"/>             |

### Educational Information

Highest Level Attained: (Check All That Apply)

- |                                      |                                  |                                     |                              |                                 |
|--------------------------------------|----------------------------------|-------------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> High School | <input type="checkbox"/> College | <input type="checkbox"/> Vocational | GED <input type="checkbox"/> | Other: <input type="checkbox"/> |
|--------------------------------------|----------------------------------|-------------------------------------|------------------------------|---------------------------------|

### Employment Information:

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Specific Duties Performed: \_\_\_\_\_ Hours worked: \_\_\_\_\_

### Previous Fire fighting / EMS/Medical Experience:

Department or Organization: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_

### Personal References:

List Three Person for References: (different than page 3)

- |          |              |
|----------|--------------|
| 1. _____ | Phone: _____ |
| 2. _____ | Phone: _____ |
| 3. _____ | Phone: _____ |

I hereby certify that all of the statements made in this application are, to best of my knowledge, is true. I understand that any misstatements of material facts may subject me to disqualification or dismissal.

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



## Driving Record Request

### Washington State Department of Licensing

You may use this form to request **your driving record**. We will mail, email, or fax your record to you or to the individual or company you request below. Mail this request and **\$10 for each record** in a check or money order payable to the Department of Licensing to:

FOR VALIDATION ONLY

Driver Records  
**Department of Licensing**  
 PO Box 9048  
 Olympia, WA 98507-9048

106-060-421-005

Please allow two weeks for processing. If you have additional questions, contact Customer Service at (360) 902-3900.

Requestor name <i>(Last, First, Middle Initial)</i>		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to		
How would you like your driving record sent to you? (Check one only)		
<input type="checkbox"/> US mail <input type="checkbox"/> email <input type="checkbox"/> Fax		
Delivery information (Mailing address, email, or (Area code) Fax number)		
Type(s) of record Insurance records will show violations, convictions, and accidents only. Other drive records will show all traffic related convictions, violations, collisions, suspensions, revocations, and disqualifications. We offer the following types of driving records. Check the box beside the type(s) you need.		
<input type="checkbox"/> <b>Noncommercial insurance record.</b> Available for underwriting noncommercial motor vehicle policies.		
<input type="checkbox"/> <b>Commercial insurance record.</b> Available to commercial employers' insurance companies for motor vehicle underwriting purposes only.		
<input type="checkbox"/> <b>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>Employment/Commercial record.</b> Available to employers or prospective employers to determine employment eligibility for commercial vehicle operation. Commercial vehicle means any vehicle used primarily for the transportation of commodities, merchandise, produce, freight, animals or passengers for hire.		
<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.		
<input type="checkbox"/> <b>Volunteer organization driver record.</b> Available to volunteer organizations to determine whether the licensee should be permitted to operate a vehicle on public highways to transport individuals under age 18, over age 65, or who are physically or mentally disabled.		
<input type="checkbox"/> <b>School bus driver record.</b> Available to school districts to determine employment eligibility for school bus operation.		
This request is to be billed and mailed to school district _____		
School district authorization _____ Requestor code _____		
<input type="checkbox"/> <b>Complete record.</b> Available to the individual named on the driving record, defense attorneys, law and justice agencies, and governmental agencies.		
<i>I declare under penalty of perjury under the laws of the State of Washington that I am the individual named above.</i>		
_____	X	_____
Date and place		Signature (Valid for four months)

*The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.*