



Accepting
Applications for
VOLUNTEER

Firefighter/EMT
EMS Responder
Tender Driver



Applications available at www.ghfd2.org.

Applications due to Station 2-1

6317 Olympic Highway Aberdeen, Wa

Minimum Qualifications:

- Applicants must be at least 18 years of age.
- Possess a valid Washington State drivers license.
- Possess a high school diploma or GED.
- Good Physical Condition.
- Pass physical agility test, physical examinations, oral interview, criminal background and driving record check.
- Proof of COVID-19 Vaccination.

BENEFITS

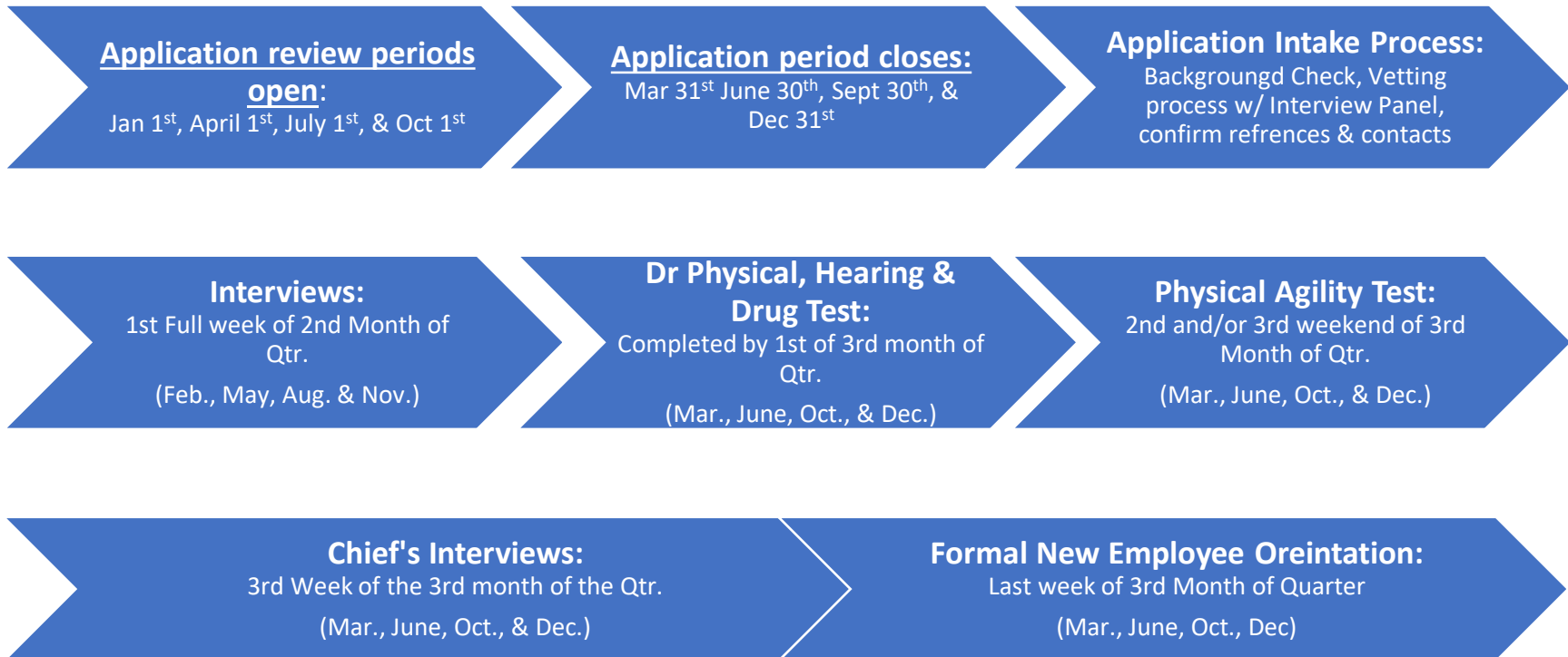
Volunteer Firefighter Pension and Relief Program
Volunteer Long Term Disability Program
Call/Shift Stipend
Paid Training

Grays Harbor Fire District #2
Station 2-1
6317 Olympic Highway
Aberdeen WA 98520
360.532.6050

New Volunteer application process

Below is the process for new volunteer application.

If you have any questions, please contact the one of the contacts at the bottom of this page.



QUESTIONS??	
DEPUTY CHIEF FRANK SCHERER	FF/EMT STEPHEN BEEMAN
(360) 310-0771	(360) 581-2168
F.SCHERER@GHFD2.NET	S.BEEMAN@GHFD2.ORG



6317 Olympic Highway
Aberdeen, Washington 98520-5723

Business| 360.532.6050 Fax| 360.532.6075
www.ghfd2.org

DATE OF APPLICATION:		
POSITION:		
EMS only	Fire only	Fire/EMS
POSITION STATUS:		
Volunteer		

INSTRUCTIONS:

ALL QUESTIONS on this form must be answered in complete detail. If a question does not apply to you, write: NA (not applicable). Applications must be filed on or before the closing date for the position. Postmarks will not be accepted.

EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT IN BLACK OR BLUE INK OR TYPE ALL INFORMATION

SECTION 1 - PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	
PHYSICAL ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS (if different from above)			CITY	STATE	ZIP
Can you provide proof of a legal right to work in the United States after hire?					<input type="checkbox"/> Yes <input type="checkbox"/> No

HOME PHONE:	CELL PHONE:
EMAIL ADDRESS (Personal):	DOB:

SECTION 2 - DRIVING RECORD INFORMATION

DRIVERS LICENSE NO.	STATE	ISSUED DATE	EXPIRATION DATE
<i>All applicants must complete this section if they have a valid Driver's License. Please complete and sign the attached Washington State Department of Licensing Form DSC-425-020: Driving Record, Release of Interest if issued in WA State.</i>			

SECTION 3 - EDUCATION, TRAINING & SKILLS

	NAME OF SCHOOL	LOCATION (City, State)	GRADUATED	GRADE COMPLETED or DEGREE EARNED
HIGH SCHOOL			YES NO	
COLLEGE or TRADE SCHOOL			YES NO	
LIST OTHER APPLICABLE EDUCATION, TRAINING OR SCHOOLS ATTEND:				
DESCRIBE SKILLS or EXPERIENCE (i.e. typing, computer skills & software applications, mechanical, etc.):				

SECTION 4 - EMS EXPERIENCE & CERTIFICATIONS

	CERTIFICATION LEVEL	CERTIFICATION NO.	EXPIRATION
Washington State DOH EMS Certification			
National Registry			
Out-of-State EMS Cert. STATE: _____			
Other (i.e. First Aid Card)			

EMS RELATED TRAINING AND EDUCATION:

Please list, with dates, applicable certifications, training and education (attach certificates or training records):

BRIEFLY DESCRIBE YOUR EMS EXPERIENCE:

Please attach training records from previous agencies if available.

SECTION 5 - FIRE EXPERIENCE & CERTIFICATIONS

FIRE SERVICE-RELATED TRAINING AND EDUCATION:

Please list, with dates, applicable certifications, training and education (attach certificates or training records):

BRIEFLY DESCRIBE YOUR FIREFIGHTING EXPERIENCE:

Please attach training records from previous agencies if available.

SECTION 6 - REFERENCES

PERSONAL & PROFESSIONAL REFERENCES (List at least two personal references):

NAME	ADDRESS	CONTACT PHONE	TYPE OF REFERENCE

SECTION 7 – EMPLOYMENT HISTORY

INSTRUCTIONS: Beginning with your most recent employer, list your work/experience history for the last 10 years and any experience prior to that time which is directly related to the position for which you are applying. Please include Fire or EMS Agencies regardless of employment status. A resume does not substitute for this section, please attach.

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

EMPLOYER/BUSINESS NAME: _____ **Start Date:** _____ **End Date:** _____

ADDRESS: _____ **Supervisors Name:** _____

PHONE: _____ **EMPLOYMENT STATUS (circle one):** Full-time Part-Time Volunteer Per-diem/On-call

May we contact this Employer? YES NO **REASON FOR LEAVING:** _____

DESCRIBE DUTIES/PRIMARY JOB TASKS or FUNCTIONS:

Attach additional sheets if necessary.

SECTION 8 – BACKGROUND INFORMATION

Grays Harbor Fire District No. 2 is mindful of its obligation to employ or have as members qualified persons and its entitlement under law to consider an applicant’s conviction record as it relates to performance of a particular position.

A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS OR ABILITY TO PERFORM THE REQUIREMENTS OF THE POSITION (WHETHER FULL-TIME, PART-TIME OR VOLUNTEER STATUS) FOR WHICH YOU HAVE APPLIED.

Have you ever been convicted of a felony, released from prison, and/or been convicted of any level misdemeanor other than a minor traffic offense?

YES _____ NO _____

If yes, please explain (attach additional supporting documentation, i.e. court orders, rulings, etc.):

SECTION 9 – RELEASE OF INFORMATION & CERTIFICATION OF COMPLETE APPLICATION

To the best of my knowledge, the information contained in this application is true and correct. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for termination from employment at any time. I authorize my previous employers to furnish Grays Harbor Fire District No. 2 with my records, including disciplinary actions, reason for leaving and all other information they may have concerning me and I hereby release them and Grays Harbor Fire District No. 2 from all liability for any damages whatsoever arising there from. I authorize Grays Harbor Fire District No.2 to conduct necessary investigations of all statements made by me in this application and authorize the Fire District to perform a background check. This application constitutes my complete application.

APPLICANT SIGNATURE: _____ DATE: _____

REVIEW AND APPROVAL BY FIRE CHIEF

This section is required to be completed by the Fire Chief prior to acceptance of the applicant as a member of Grays Harbor Fire District No. 2.

FIRE CHIEF SIGNATURE: _____ DATE: _____

_____ APPROVED _____ NOT APPROVED

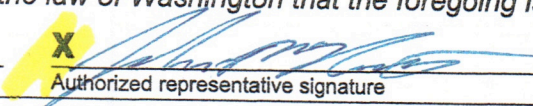
Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.


- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i></p>	
Date and place (city or county) signed	 Authorized representative signature

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p>		
 Signature		Date

VOLUNTEER
BACKGROUND CHECK AUTHORIZATION

I understand that, in connection with my Volunteer Application, a Background Investigation may be done that may include information regarding my driving records, and court records (both civil and criminal). This information may come from either public or private sources and may contain information regarding my character, experience, work habits, and/or other information relevant to volunteer service with Grays Harbor Fire District #2.

I understand that, if I am approved as a Volunteer, this background check authorization will be kept on file and may be used at any time during my service with Grays Harbor Fire District #2 to procure further information when it may be deemed necessary.

I hereby release and discharge to the extent permitted by law, the Grays Harbor Fire District #2, its employees, any individual or agency obtaining information for Grays Harbor Fire District #2, and any professional reference, from any and all claims, damages, losses, liabilities, costs or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I have read, understand, and consent to the above. I further authorize that a photographic copy or a telephone facsimile of this document shall be valid for all present and future use.

My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

Volunteer's Name (please print)

Signature

Date

PERMISSION TO PROCURE AN INVESTIGATIVE REPORT

Please type or print legibly as it appears on your driver's license

LAST FIRST FULL MIDDLE

STREET ADDRESS

CITY STATE ZIP CODE

DOB: ____/____/____ SSN: ____-____-____

PLEASE LIST OTHER NAMES USED AND DATES OF NAME CHANGE IN THE LAST TEN YEARS:

FULL NAME DATE

FULL NAME DATE

DRIVERS LICENSE NUMBER: _____ STATE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, PLEASE PROVIDE DETAILS OF ALL CONVICTIONS AND LOCATIONS OF ALL CONVICTIONS. (A YES ANSWER WILL NOT NECESSRILY DISQUALIFY YOU FROM EMPLOYMENT).

RESIDENCES: Please list residences in the last 10 years:

STATE _____ CITY _____ COUNTY _____ YEARS: _____ TO _____

STATE _____ CITY _____ COUNTY _____ YEARS: _____ TO _____

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION:

In connection with my application I understand that an investigative consumer report may be requested that my include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding ,y character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law, its employees, and any individual or agency obtaining information for Grays Harbor Fire District #2, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic facsimile of this document shall be valid for all purposes present and future. I have read, understand, and agree with the above.

SIGNATURE DATE

WITNESSED DATE



New Employee Orientation Check Off List

Name: _____

_____ Approved personnel to fill out below this line _____

Application Packet		
	Date	Initials
Completed Application Turned in		
Copy of Driver License		
Background Check Completed		
Application "Vetted" by Interview Committee		
Copy of any prior Fire/EMS Cert		

Interview		
	Date	Initials
Interview Scheduled: Date & Time _____		
Interview Complete		

Physicals		
	Date	Initials
Fit for Duty Physical		
Respiratory Physical		
Hearing Test		

Agility Test		
	Date	Initials
Physical Agility Test Scheduled		
Completed Physical Agility Test		

New employee Orientation		
	Date	Initials
Completed Orientation		

Review & Approval by Fire Chief	
This section is to be completed by the Fire Chief prior to acceptance as a member of Grays Harbor Fire District #2	
Fire Chief Signature: _____	Date: _____
Approve: _____	Not Approved: _____