

VOLUNTEER APPLICATION PACKET



**TRAIN.
EMPOWER.
USE.**



Become a Firefighter.

Volunteer with CCFD 1.

731 N. Wenatchee Avenue
P.O. Box 2106
Wenatchee, WA 98801
Phone 509.662.4734

Revised Jan 28, 2022

CHELAN COUNTY FIRE DISTRICT 1 CODE OF CONDUCT

Thank you for expressing interest in our fire department. Before completing the attached application, carefully review the Code of Conduct. The department operates as a customer service focused business. Whether a volunteer, resident or paid staff, all members are expected to conduct themselves in a manner that recognizes the department provides the public excellent emergency service. It is paramount that all members of this organization deliver services in a professional, honest, courteous, and timely manner. Failure to meet these standards will result in being asked to resign.

- **Honesty & Integrity.** It is understood that honesty and integrity begin with full disclosure of your information on an application. This includes full disclosure of work-related experience, past supervisors, and qualifying training. If a background check proves that false information has been provided, you will be informed not to apply or pursue membership with the department now or in the future.
- **Respecting Community Members.** Volunteering by its very nature means providing a service to our citizens. In most cases, services are provided on private property, and as a result, it must be ensured that personnel are honest, respectful, and professional and interact well with community members.
- **Working in Teams.** Most of the services provided are performed in teams. It is critical that team members work harmoniously under the direction of an officer. It is believed that team results are greater than individual achievement.
- **Ability to Follow Command.** Emergency incidents can be stressful and traumatic. The public expects its emergency service workers to remain calm, deliver a professional service and provide comfort to those who require it. You may not agree with directions being given or you might do the task differently, but you will be expected to follow orders in a timely and safe manner without delay, unless it threatens your life directly.
- **Chain of Command.** Within the organization there is a chain of command process followed. The chain of command process starts by reporting to the station Captain as the first step to resolving problems or conflicts. If the station Captain is unable to resolve the issue in a timely manner, then the next step in resolving problems or conflicts is reporting to the Battalion Chief, who will expect you to provide specific details including that the initial report was discussed with the station Captain. If the Battalion Chief cannot resolve the problem or conflict, the issue will be reported to the Deputy Chief. If the issue is reported to the Deputy Chief, the Deputy Chief or Fire Chief shall require all involved parties to provide written statements of fact, including statements by witnesses. The Fire Chief will be the final authority.
- **Rumors, hearsay.** These two critical issues can damage an organization's image and/or morale. A member who starts, carries, or promotes rumors or hearsay will be asked to resign if facts prove the member is responsible for initiating the rumors or hearsay.
- **Morale, esprit de corps.** You have obviously chosen our fire department for a reason. We hope it is because you have witnessed our pride and commitment towards our organization. We do not try to duplicate what other departments do, yet we strive to adopt industry standards while maintaining our uniqueness. If you can't support our organization and its mission, we ask that you do not apply.

- **Discrimination Policy.** Compliance is required with Chelan County Fire District 1 Discrimination Policy Article 11, Policy 5 in the Policies, Procedures and Operating Guidelines.
- **Probationary period.** Once your application and background check have been verified and cleared, you will start a one-year probationary period. During this period, you will be evaluated on your conduct, participation in all aspects of our organization, and how well you successfully work in a team setting. If these standards are not met, you will be asked to resign.

I _____ (print name) have read, fully understand, and support the Code of Conduct. I further acknowledge that I may be asked to resign if I do not meet the Organization's Policies, Procedures, Mission or Code of Conduct.

Signature: _____ Date: _____

Witness: _____

PLEASE ALSO NEED PROVIDE: Three-year Driver's Abstract from the Washington State Department of Licensing (there is a \$13.00 fee), no appointment is necessary. The office is located at 325 N. Chelan Avenue, Wenatchee (phone 509-662-5451). Or, you can also go online for the abstract at: <http://www.dol.wa.gov/driverslicense/requestyourrecord.html>

Contact Deputy Chief Rick McBride, the Volunteer and Resident Coordinator at CCFD1, with any questions or to apply.

Deputy Chief Rick McBride, Volunteer and Resident Coordinator
731 N. Wenatchee Avenue, P.O. Box 2106, Wenatchee, WA 98801
Phone 509-662-4734
Email: rmcbride@chelancountyfire.com

CHELAN COUNTY FIRE DISTRICT 1

Volunteer Application

Application Date _____

What Volunteer opportunity is of interest to you?

Combat Firefighter Resident Firefighter Support EMS Wildland Firefighter

Name			
Address		City, State & Zipcode	
Phone		Date of Birth	
Email			

1. How long have you resided at the above address? Years/Months _____.
2. How long have you lived in Washington State? Years/Months _____.
3. Is there any additional information about a change in your name, or use of an assumed name or nick name necessary to enable a check on your eligibility for membership?
Yes If yes, please provide details on the additional information page.
No
4. Do you have a physical condition which might limit the fire service tasks you perform?
Yes If yes, please explain _____.
No
5. Have you ever been convicted of or found guilty of a felony, misdemeanor, insurance fraud, arson, alcohol related vehicle or traffic offense, or pleaded guilty to a reduction of one of these offenses?
Yes If yes, please provide details on the additional information page.
No
6. Do you have a valid Washington State Driver's License?
Yes Driver's License Number _____ Expiration Date _____.
No
7. Have you ever been a member of the US Armed Forces?
Yes If yes, did you receive an honorable discharge? Yes No
No If No, please give a brief description.

8. Do you have previous emergency services experience?
Yes If yes, please list below (use the Additional Information page, if needed).
No

Dates	Department	Describe (fire, Rescue, EMS, HazMat, etc.) and reason for leaving

9. Do you have a valid first aid card, first responder or EMT certification?

Yes If yes, please list below.

No

Type	Expiration Date

10. Washington State regulations require that you pass a physical examination to be a member of this department. The departments designated physician will provide you with a free medical examination. Are you willing to undergo a free medical examination?

Yes

No

11. Are you able to read, write and effectively communicate the English language orally?

Yes

No

Employment: List your employment for the last five years. Please list, starting with your current employer, immediate supervisor, and contact number.

Years	Business / Department	Job Title	Supervisor	Phone

References: List the names of three persons other than former employers or relatives who have knowledge of your character, experience, or ability.

Name	Address	Relationship	Phone and Email

Emergency Contact:

Name & Relation	
Address	
Phone Number	

ADDITIONAL INFORMATION

Regarding item # _____ : _____

Regarding item # _____ : _____

Regarding item # _____ : _____

Regarding item # _____ : _____

Regarding item # _____ : _____

Regarding item # _____ : _____

USE ADDITIONAL PAGES AS NECESSARY

Chelan County Fire District 1
P.O. Box 2106, Wenatchee, WA 98807
509-662-4734

Authorization to Release Information

To Whom It May Concern:

I authorize you to furnish Chelan County Fire District 1 with all information that you may have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis and recommendation, my military service records, and my financial status. Information of a confidential or privileged nature may be included.

Your reply will be used to assist Chelan County Fire District 1 in determining my qualifications and fitness for a position with the department.

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and I waive those rights with the understanding that information furnished will be used by Chelan County Fire District 1 in conjunction with employment procedures.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

This form may be retained for your files.

NAME: _____ (*please print*)
 Last *First* *Middle*

DATE OF BIRTH: _____

SIGNATURE: _____

DATE SIGNED: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Notary Public in and for the State of _____,
_____, residing at _____.