

# Raymond Fire Department Volunteer Application

Thank you for interest in volunteering with the Raymond Fire Department. Please review the Volunteer Application.

## **About the Raymond Fire Department**

The Raymond Fire Department is a Combination Fire Department. We have a career staff of 10 Firefighter EMT's and Paramedics along with almost 40 volunteers throughout our system. We provide Fire Protection for the City of Raymond and Fire District #3 along with providing EMS Services for the North Pacific County. We operate 24/7, 365. Volunteer are a vital part of our systems success.

Outside the City of Raymond and PCFD#3, we have volunteer EMS responders throughout the EMS District. Raymond Fire has EMS responders in Lebam, Menlo, South Bend, Bay Center and Nemah. We are always looking for EMS volunteers in these areas.

## **Becoming a Volunteer**

Being a Volunteer takes a strong individual commitment. Our volunteers go through hundreds of hours of training. Initial training consists of Washington State EMT or EMR certification along with IFSAC Firefighter 1. There is also required monthly training to stay current with required certifications. After initial training the commitment continues with continued training and responding to alarms. There is a huge investment by RFD both in time and money to train volunteers. We will only accept individuals who can meet these requirements.

The application packet you return should include the following:

- \_\_\_\_\_ Application for Volunteer Membership
- \_\_\_\_\_ Confidential Disclosure Report
- \_\_\_\_\_ Background Check Authorization
- \_\_\_\_\_ Driving Record Request
- \_\_\_\_\_ Copy of your Driver's License
- \_\_\_\_\_ Copy of your Proof of Personal Automobile Insurance

# Raymond Fire Department

## Application for Volunteer Membership

The Raymond Fire Department is an equal opportunity agency. It is the Policy of the City of Raymond not to discriminate in accordance with the requirements of all applicable state and federal laws.

Volunteers with the Raymond Fire Department or Pacific County Fire District #3 must live within the City or Fire District. EMS only volunteers must live within the EMS Response Area of the Raymond Fire Department.

---

Please Print or Type Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best time to contact you?: \_\_\_\_\_

Why do you want to become a volunteer?

---

---

---

---

Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employers Phone \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

Will your employer release you for alarms and training? \_\_\_\_\_

Time of day available for respond to alarms? (Check all that apply)

Any time \_\_\_\_\_ Weekends \_\_\_\_\_ Evenings \_\_\_\_\_ Weekdays \_\_\_\_\_ Other \_\_\_\_\_

**Related Training**

Are you currently or have you volunteered with a Fire Department or EMS Agency? \_\_\_\_\_

Name of Agency \_\_\_\_\_ Dates with agency \_\_\_\_\_

May we contact this agency? \_\_\_\_\_

Prior Fire and/or EMS Training

\_\_\_\_\_  
\_\_\_\_\_

Current Fire and EMS Certifications (please attach copies of certifications)

\_\_\_\_\_  
\_\_\_\_\_

**General Information**

Have you ever been convicted of any law violation? (except a minor traffic violation) \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever been found in any proceeding to have violated any state or federal law or rule regarding the practice of a health care profession? \_\_\_\_\_

**Drivers License Information**

You must have a valid driver's license and proof of current auto insurance. *(Please provide a copy of your driver's license and proof of insurance.)* Please complete the attached "Request for Abstract of Driving Record" (WA Only) authorizing RFD to conduct a motor vehicle check. If you currently have an out of state driver's license, it will be your responsibility to get a driving abstract from your home state.

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Auto Insurance Company \_\_\_\_\_

## References

Please provide the name and address of two persons who are not related to you for reference.

Name	Address	Phone
<hr/>		
<hr/>		

I understand that before being accepted as a volunteer with the Raymond Fire Department, I must pass a drug screen and that I will be on probation for one year which participation and training requirements will be met. In addition, I may also be required to pass a medical physical, paid for by the City of Raymond.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Attach the following to your application:

- \_\_\_\_\_ Background Check Authorization
- \_\_\_\_\_ Request for Driving Record
- \_\_\_\_\_ Confidential Disclosure Report
- \_\_\_\_\_ Copy of current Driver's License
- \_\_\_\_\_ Copy of current automobile insurance

# Raymond Fire Department

## CONFIDENTIAL DISCLOSURE REPORT

### Preface

The fire service is a public service which requires the utmost in public trust. As a fire service professional, you will have direct contact with the public, in a wide variety of circumstances. The citizens we serve expect all Department personnel to conduct themselves as professionals. Our citizens must be confident with the integrity of the personnel they entrust their lives and property to. The District has the responsibility to uphold these standards of expectations.

### The Law

**RCW 43.43.834(2)** requires that The Raymond Fire Department, at the time it accepts an application for the position of volunteer or career firefighter, obtain the following information from the applicant; if the applicant, when hired or accepted as a volunteer, may have unsupervised access to children under sixteen (16) years of age or developmentally disabled persons or vulnerable adults during the course of employment; or, where a volunteer may have access to groups of five (5) or fewer children under twelve (12) years of age, or three (3) or fewer children between twelve (12) and sixteen (16) years of age, or developmentally disabled persons or vulnerable adults. To comply with the statutory requirements, please provide the following information:

### Definitions

**A crime against children or other persons is defined by the statute as:** *“a...conviction of any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future.”*

**A crime relating to financial exploitation is defined by statute as:** *“...conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.”*

(Raymond Fire Department CONFIDENTIAL DISCLOSURE REPORT continued)

1. Have you ever been convicted of any crime against children or other persons?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you been convicted of any crimes relating to financial exploitation of a vulnerable adult?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you been found, by a court in a domestic relations proceeding under Title 26 RCW, to have sexually abused or exploited any minor or to have physically abused any minor?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Have you been found by a court in a protection proceeding under chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are offered a position as a paid employee or as a volunteer with The Raymond Fire Department, the Department may under RCW 43.43.832 and .834 conduct a background check to verify the answers provided above. You may request a copy of your background check no less than ten (10) days after you have signed the authorization. The Department will use this information and record only to make the initial employment or acceptance decision and for no other purpose.

Dated: \_\_\_\_\_ Applicant: \_\_\_\_\_

Raymond Fire Department  
212 Commercial Street  
Raymond, WA 98577  
360-942-4144 FAX 360-942-4139

**BACKGROUND CHECK AUTHORIZATION**

The Raymond Fire Department is an equal opportunity agency. It is the policy of The Raymond Fire Department not to discriminate in accordance with the requirements of all applicable state & federal laws, on the basis of race, creed, color, religion, national origin, sex, veteran status, ancestry, marital status, physical or mental handicap or age.

-----  
Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

All other names used in the past 5 years: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list where you have resided in the past 5 years:

City and State:	Dates Resided:
_____	_____
_____	_____
_____	_____

By my signature below I give permission to the Raymond Fire Department to conduct the required background checks including a police records check.

**Comprehensive Background Check:**

“I authorize The Raymond Fire Department to solicit information regarding my character, general reputation, previous employment and similar background information. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information.”

**Certification of Authorization:**

“By signing this authorization, I declare that the information provided by me is complete and true to the best of my knowledge.”

Signed: \_\_\_\_\_ Date: \_\_\_\_\_