



San Juan Island Fire Department Volunteer Application

Name: Last	First	Initial	Home Phone
Mailing Address			Work Phone
Street Address			Cell Phone
			E-mail Address

Date of Birth	Place of Birth	Social Security Number
Drivers License Number	State	Expiration Date
In Case of Emergency Contact Name: Address: Phone: Relationship:		Dependants
Beneficiary:		
Do you have any disabilities, allergies, or medical conditions that would prevent or limit your ability to perform in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please explain. If you are unsure, do not answer this question or refer to the attached job description).		
Place of Employment		
Will your employer allow you to respond during work hours <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any previous firefighting, first aid training, and any other related skills and talents.		
Do you have a high school diploma or equivalent? Yes No		
Have you ever been convicted of any offense or violation of law other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please list. (A yes answer may not automatically disqualify you from membership). Note: DUI, reckless driving, or leaving the scene of an accident are not considered minor violations.		
The undersigned hereby grants San Juan County Fire District #3 permission to conduct a thorough and complete background and record check of all local, state and federal law enforcement agencies.		
X		
The undersigned hereby grants San Juan County Fire District #3 permission to conduct a thorough and complete background and record check of all state driver's licensing agencies.		
X		

Employment Information

Current Employer _____

Contact Name & Number _____

Position _____ Hire Date _____

Previous Employer _____

Contact Name & Number _____

Position _____

Hire Date _____ Separation Date _____

Reason for Separation _____

Previous Employer _____

Contact Name & Number _____

Position _____

Hire Date _____ Separation Date _____

Reason for Separation _____

I hereby certify that all statements made on or in connection with this application including those regarding my previous training and experience are complete and true to the best of my knowledge. I understand that should an investigation at any time disclose any misrepresentation or falsification, my application may be rejected, my name removed from the register, or I may be dismissed from employment.

Signature X:

Date: