



**East Grays Harbor Fire and Rescue**  
**112 North Second St. Elma, WA 98541**  
**Phone (360) 482-3143 Fax (360) 482-3152**  
**[www.eghfr.org](http://www.eghfr.org)**

## Volunteer Application

We appreciate your interest in being a volunteer with East Grays Harbor Fire and Rescue. We want all our potential volunteers to have a good understanding of our district requirements for volunteers, these requirements are put into place to ensure the safety of our volunteer and career staff as well as those in the community that we serve.

East Grays Harbor Fire and Rescue is an ever-evolving combination department supported by career and volunteer firefighters and EMS personnel.

Our policy requires that you have a good driving record, pass a criminal background check, and complete a medical physical examination. If you feel you meet the standards, please complete the application, and return them to us. The driving record and criminal background check will be conducted after acceptance to East Grays Harbor Fire and Rescue.

Once we have reviewed your application and contacted you, you will begin the testing and interview process. Whether you want to be a firefighter and/or EMT you will be required to complete the entire process. We conduct physical and written testing as well as oral board interviews frequently, you will be contacted with the next testing date.

- *The written test is to test your abilities in reading and basic math as it relates to fire service.*
- *The medical examination is required to make sure that an individual can safely perform the duties of a EMS responder and firefighter, along with safely wearing a respirator.*

Upon completion and passing of the written test as well as completion of the oral interview and have been accepted as a volunteer, you will be asked to take a physical exam (we will give you the proper forms upon successful completion of testing.) At this time, you will also be provided with the necessary paperwork for passing a driving record and criminal background check.

Becoming a volunteer firefighter or EMT takes a lot of time and hard work. Once you have completed our testing and application process you will be scheduled to be trained and be issued gear.

- *Fire academy includes over 130 hours of training on weeknights as well as multiple skills weekends. (Failing to attend all classes and skills weekends will result in failing the academy.)*
- *The Grays Harbor EMT course is over 150 hours including evenings and occasional weekends. (Failing to attend all classes and practical's will result in failing the course.)*
- *Both Fire Academy and EMT class are held once a year. Sign-up for these classes is approximately every December.*
- *You will be expected to attend a Thursday night weekly drill with an Officer who will provide valuable training and prepare you to be successful.*

Once you have completed the fire academy or EMT course you will be assigned to shift at one of our stations in Elma, Bush Creek, Satsop, or Porter (based on the location of your residence). You will participate in community events and attend regular training. You will be expected to respond to emergency calls and assist in maintaining our apparatus, equipment, and stations.

Thank you for your time and interest. We look forward to hearing from you soon. If you have questions about volunteering with East Grays Harbor Fire and Rescue; please contact us at 360-482-3143 or via email at:

[pio@eghfr.org](mailto:pio@eghfr.org)



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**PERSONAL DATA**

FIRST NAME				MIDDLE INITIAL		LAST NAME	
PHYSICAL ADDRESS				CITY		STATE	ZIP
MAILING ADDRESS (IF DIFFERENT)				CITY		STATE	ZIP
DATE OF BIRTH:			PERSONAL EMAIL:				
CELL PHONE:				HOME PHONE:			
Are you at least 18 years of age?						YES	NO
Are you authorized to work in the United States?						YES	NO
Specific Days/Hours you are available:							
Have you ever applied here before?		YES	NO	If yes, specify date(s):			
Do you have any conditions which would prevent you from performing in this position?						YES	NO
If yes, What accommodation would you need, if any, to assist you in performing your duties?							
Have you been convicted of a criminal offense within the past 7 years?						YES	NO
If yes, please explain the nature of the offense, date, court, and description:							

**Note: Although the department may investigate criminal convictions that relate to fitness to perform the job for which you are applying, such convictions will not necessarily bar you from employment with either department.**

**EDUCATION**

NAME OF SCHOOL	DEGREE	YEAR GRADUATED
HIGH SCHOOL:		
COLLEGE:		
OTHER:		
OTHER:		



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### EMPLOYEMENT HISTORY

List your work experience for the last 3 years including self-employment, military, and periods of unemployment.

MOST RECENT EMPLOYER	FROM - TO
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
DUTIES/TASKS PERFORMED:	
REASON FOR LEAVING:	
EMPLOYER	FROM – TO
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
DUTIES/TASKS PERFORMED:	
REASON FOR LEAVING:	
EMPLOYER	FROM - TO
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
DUTIES/TASKS PERFORMED:	
REASON FOR LEAVING:	

### VOLUNTEER HISTORY

List any organizations you have volunteered for:

MOST RECENT VOLUNTEER ORGANIZATION	FROM – TO
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ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
DUTIES PERFORMED:	
REASON FOR LEAVING:	
VOLUNTEER ORGANIZATION	FROM - TO
ADDRESS	PHONE
TITLE/POSITION	IMMEDIATE SUPERVISOR
DUTIES PERFORMED:	
REASON FOR LEAVING:	

**RELATED EXPERIENCE**

List any current certification you hold, example: CPR, EMR, EMT, Paramedic, FF1, FF2, Wildland FFT2, NIMS

CERTIFICATIONS	EXPIRATION DATE	SKILLS

OTHER RELATED EXPERIENCE:

**REFERENCES**

List names and telephone numbers of 3 personal and 3 professional references:

NAME:	RELATIONSHIP/TITLE	PHONE OR EMAIL:
<b>PERSONAL REFERENCES</b>		



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PROFESSIONAL REFERENCES		

EMERGENCY CONTACTS		
List names and telephone for primary and secondary emergency contacts:		
NAME	RELATIONSHIP	PHONE NUMBER



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**AGREEMENT**

I authorize East Grays Harbor Fire and Rescue to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all those employers, references, academic institutions, and I release the fire district from all liability arising from the release giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the department.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials, employment credentials, and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the department has not employed me and for immediate dismissal if the department has employed me. I also authorize the department to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having legal and proper interest, and I hereby release the department from all liability for it providing this information.

In the event of my employment with the district, I will comply with all rules, regulations, and policies set forth in East Grays Harbor Fire and Rescue's policy manual, by communications, or distributed by either.

I understand that nothing in this employment, in the district policy statements or personnel guidelines, or in my communications with any department official is intended to create an employment contract between the department and me. I also understand that the district has the right to modify its policies without giving me any advance notice of changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the district unless it is made in writing and signed by the EGHFR Fire Commissioner's. I understand that if an employment relationship is established, I have the right to terminate my employment relationship at any time for any reason. I also understand that the district will retain the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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**BACKGROUND CHECK**

**ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATION CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by East Grays Harbor Fire and Rescue at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school, or university (public or private), information service bureau, employer, or insurance company to furnish all background information requested by:

**Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

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

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

East Grays Harbor Fire and Rescue may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. The investigations will be conducted by **Background Screeners of America, 933 Melvin Ave., Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>**

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



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**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby request and authorize to furnish East Grays Harbor Fire and Rescue with all information they may request concerning my work record, education history, military record, financial statues, criminal record, and general reputation. This authorization is specifically intended to include all information of a confidential or privileged nature as photocopies of such documents, if requested.

This information will be used for the purpose of determining my eligibility for employment with East Grays Harbor Fire and Rescue.

I hereby release you and East Grays Harbor Fire and Rescue from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to be considered as an employee of either department.

Applicant's Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DRUG TESTING AUTHORIZATION**

I have applied for employment with East Grays Harbor Fire and Rescue in a position that requires me to operate the Fire District Apparatus. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are confirmed positive, I shall not be considered further by East Grays Harbor Fire and Rescue for employment.

I hereby authorize any physician, laboratory, hospital, or District personnel authorized to perform testing for screening purposes, to conduct such screening and provide the results to East Grays Harbor Fire and Rescue, and I release East Grays Harbor Fire and Rescue and any person affiliated with East Grays Harbor Fire and Rescue and any such institution or person conducting the screening, from liability, therefore.

Applicant's Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: THIS FORM MAY BE RETAINED IN YOUR FILES.**