



North Lincoln Fire & Rescue District #1
 PO Box 200, Lincoln City, OR 97367

Volunteer Application

Qualified applicants are considered for membership without regard to age, race, color, religion, sex, national origin, sexual orientation, veteran status, or any other legally protected status or characteristic.

Position/Areas of Interest:	Why do you want to be a volunteer with North Lincoln Fire & Rescue?
<input type="checkbox"/> Firefighter	_____
<input type="checkbox"/> Water Rescue	_____
<input type="checkbox"/> EMS	_____
<input type="checkbox"/> Search & Rescue	_____
<input type="checkbox"/> Office	_____
<input type="checkbox"/> Support	_____

PLEASE PRINT / FILL OUT COMPLETELY

Today's Date: _____

Last Name	First Name	Middle Name	(Maiden Name)
Street Address		Mailing Address, if different	
City	State	Zip Code	
Home Phone	Cell Phone	Email Address	

Are you at least 18 years of age? Yes _____ No _____

CURRENT EMPLOYER INFORMATION

Current Employer: _____ Supervisor's Name: _____

Mailing Address: _____

Street Address or PO Box	City	State	Zip
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Phone: _____

Length of Employment (years/months) _____ Job Title: _____

May we contact this employer for a reference? Yes _____ No _____

EMPLOYMENT HISTORY

List employers for the past five (5) years and provide a contact name and phone number.
 Use a separate page if necessary.

(1) Employer & Location _____ Job Title _____
 Supervisor _____ Phone _____
 May we contact this employer: Yes _____ No _____ Dates Employed _____

(2) Employer & Location _____ Job Title: _____
 Supervisor _____ Phone _____
 May we contact this employer: Yes _____ No _____ Dates Employed _____

(3) Employer & Location _____ Job Title: _____
 Supervisor _____ Phone _____

May we contact this employer: Yes _____ No _____ Dates Employed _____

PERSONAL REFERENCES

Please list 3 individuals other than relatives, who have known you for more than one year

Last Name	First Name	Phone
_____	_____	_____
Last Name	First Name	Phone
_____	_____	_____
Last Name	First Name	Phone
_____	_____	_____

GENERAL INFORMATION

Please describe any skills or specialized training you bring with you: _____

EDUCATION HISTORY

High School _____ Location _____ Diploma or GED? Yes _____ No _____

<u>College Name</u>	<u>Location</u>	<u>Major, Degree or Certificate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FIRE SERVICE / EMERGENCY MEDICAL SERVICE AGENCIES

Please list all Fire Service or Emergency Medical Service agencies you have worked or volunteered for in the past. Use a separate page if necessary. Please provide the reason for leaving each agency.

(1) Agency & Location _____
Job Title _____ Dates _____
Supervisor _____ Reason for Leaving _____

(2) Agency & Location _____
Job Title _____ Dates _____
Supervisor _____ Reason for Leaving _____

Please provide a copy of any EMT, Fire Service Certifications or training records.

MILITARY SERVICE

Please list any military service, including dates _____

Please provide a copy of your DD214 for any military service.

I HAVE READ, UNDERSTAND, AND THE ABOVE IS COMPLETED TO THE BEST OF MY KNOWLEDGE

Printed Name _____ Date _____

Signature _____ Date _____

A photographic copy or facsimile of this document shall be valid for all purposes present and future.
This release will be kept on file for the duration of membership.