



WEST STANISLAUS COUNTY FIRE PROTECTION DISTRICT

P.O. Box 565, Patterson, CA 95363
(209) 895-8130 fax (209) 895-8139
weststanfire.org

APPLICATION FOR VOLUNTEER FIREFIGHTER MEMBERSHIP

PERSONAL INFORMATION

Name: _____
First Last Middle

Physical Address: _____
Number Street City State Zip

Mailing Address: _____
If different from above

How Long at Physical Address? _____
Year(s)/Months

Date of Birth: _____

Home Phone: _____

Mobile Phone: _____

Mobile Operating System: _____
iOS or Android

Work Phone: _____

Email: _____

Emergency Contact: _____

Emergency Number: _____

Relationship: _____

Military (Y/N) _____ Branch: _____

How did you learn about this opportunity? _____

Driver's License Info: <i>Note: For you to drive most of the fire apparatus, state law requires that you have a Class B driver's license. You will be required to get a Class B license within six months from the date you graduate from the Basic Firefighting class.</i>	Expiration Date: _____ <i>Number Class</i>
	Endorsements if any: _____
	_____ <i>Initials</i>

List any Allergies: _____

EDUCATION

Name of High School _____ City _____ State _____
Graduated (Y/N) _____
Equivalency Certificate/GED? _____

Vocational School, College or University _____ City _____ State _____ Major _____ Degree _____

ADDITIONAL TRAINING

Course _____ Training Institute Name _____ City _____ State _____ Completion Date _____

Course _____ Training Institute Name _____ City _____ State _____ Completion Date _____

Course _____ Training Institute Name _____ City _____ State _____ Completion Date _____

PERSONAL REFERENCES

Name City State Contact Number

Name City State Contact Number

Name City State Contact Number

EMPLOYMENT INFORMATION
(Begin with current or most recent employer)

Employer City State Phone Number

Position/Title Supervisor Name Employed From To

Duties and or Experience

Employer City State Phone Number

Position/Title Supervisor Name Employed From To

Duties and or Experience

STATEMENT OF WHY YOU WANT TO BE A VOLUNTEER FIREFIGHTER

CERTIFICATE OF APPLICANT

I certify that all the statements made on this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false or omitted information, which I may or may not give, may result in either rejection, of application, removal from eligibility list, suspension, or dismissal. Attachments to this application (resumes, certificates, etc.) become property of the West Stanislaus County Fire Protection District. By signing this application, I authorize the West Stanislaus County Fire Protection District to investigate all statements on this application and into my person.

Date

Signature

West Stanislaus County Fire Protection District and its agencies; Patterson Volunteer Fire Association, Newman Volunteer Fire Association, Westley–El Solyo Volunteer Fire Association provide equal opportunity in all areas of membership and does not discriminate regardless of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

CRIMINAL BACKGROUND INVESTIGATION INFORMATION RELEASE STATEMENT

Please read the following statement carefully and be aware that by allowing West Stanislaus County Fire Protection District to investigate your background with the Stanislaus County Sheriff’s Department and or other appropriate agency, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I understand that a successful criminal background investigation is a condition of my volunteerism and or employment with the West Stanislaus County Fire Protection District.

I agree to waive and relinquish all claims I may have against the West Stanislaus County Fire Protection District and its officers, agents, servants, and employees as a result of my participation in the criminal background investigation.

I _____ do hereby fully release and discharge the West Stanislaus County Fire Protection District and its officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me on account of any aspect of the criminal background investigation.

I further agree to identify and hold harmless and defend the West Stanislaus County Fire Protection District and its officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of the criminal investigation.

Date

Signature

FOR OFFICE USE ONLY

Application received on: _____ Application reviewed by _____

Application received by: _____ Application reviewed by: _____

Live Scan Submitted on: _____

Live Scan Completed on _____ Completed By: _____

Additional Comments
and or observations: _____
