



MCMINNVILLE FIRE DEPARTMENT

175 NE FIRST STREET
MCMINNVILLE, OR 97128
503-435-5800

VOLUNTEER MEMBERSHIP APPLICATION

Social Security Number	<u>Position: Please circle one:</u>	
Drivers License Number	Volunteer	
	Prevention Volunteer	
	Student Intern	
Expiration		

CONTACT INFORMATION

Name (Last, First, MI):
Mailing Address:
City, State, And Zip Code:
Home Telephone:
Work Telephone:
Cell Phone:
E-mail Address:

CERTIFICATION AND SIGNATURE

I hereby certify that all statements made in this application are true, and I agree and understand that any written statement that is false, fraudulent, or misleading in this application or attached materials, or made in the course of any volunteer process may cause forfeiture of my membership as a volunteer/intern in McMinnville Fire Department.

- I certify that all statements contained herein are true and complete.***
- I authorize this agency to verify the employment and education information provided on this application.***
- I authorize my driving record to be checked if the position for which I am applying requires driving.***
- I understand and agree to be subjected to a drug screening and a criminal history background check, if applicable.***
- I certify that I am 18 years of age or older.***

Signature (must be in ink):	Date:
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EDUCATION AND TRAINING HISTORY

Do you have a high school diploma or GED certificate?(Circle One) YES NO

List high schools, colleges, military, trade, business, or other schools attended:

Name And Location Of School	Course Of Study	Credits Earned In Quarter Or Semester Hours	Graduated (Yes/No)	Degree Or Certificate Received

LICENSES, REGISTRATIONS, CERTIFICATES

List any required professional license, registration, certificate, Oregon Commercial Driver's License (CDL), Paramedic license, EMT etc. and provide description, issuing state or agency, number, and expiration date.

Description	Issuing State /Agency	ID Number	Exp. Date

SPECIALIZED SKILLS AND KNOWLEDGE

List any specialized skills or knowledge :(fluency in a foreign language etc.)

RELATED EXPERIENCE

List any district/department you have been associated with:

Previous fire/EMS training?

WORK HISTORY

Job Title			
Name of Employer	Supervisor's Name		Supervisor's Title
Employer's Address	City	ST	Phone
Job Title			
Name of Employer	Supervisor's Name		Supervisor's Title
Employer's Address	City	ST	Phone
Job Title			
Name of Employer	Supervisor's Name		Supervisor's Title
Employer's Address	City	ST	Phone

REFERENCES

<i>Name/Address</i>	<i>Phone; Day/Evening</i>	<i>Length of Association</i>

ADDITIONAL INFORMATION

MCMINNVILLE FIRE DEPARTMENT CONFIDENTIAL APPLICANT INFORMATION

This information is voluntary and will be kept separate and confidential. Refusal to provide any information on this page will not subject the applicant to adverse treatment in any aspect of Volunteering for the McMinnville Fire Department.

Name			
Position Applied For			Social Security #
Sex:	Female	Male	Date of Birth:
Disabled:	Yes	No	
Please check the appropriate boxes and complete the required entries			
Ethnic Background (Check One):			
<input type="checkbox"/> Caucasian (not of Hispanic origin): Persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.			
<input type="checkbox"/> African American (not of Hispanic origin): Persons having origins in any of the black ethnic groups.			
<input type="checkbox"/> Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures, regardless of ethnicity.			
<input type="checkbox"/> Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the India subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.			
<input type="checkbox"/> Native American or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.			