

Port Angeles Fire Department



102 East 5th Street
Port Angeles, WA 98362
(360)417-4655

Volunteer Application

INSTRUCTIONS

1. Fill out application form **IN INK or TYPE**.
2. Applicants must be 18 years of age or older and be a high school graduate, or possess a GED, at the time of application.
3. **Obtain and submit, with your application, a copy of a Driver's Abstract for the last three years. It is \$10.00 from the Drivers Licensing Examination Office or at the WA State Department of Licensing website. Your application cannot move forward without this information attached.**
4. Include a copy of your Emergency Medical Technician (EMT) or First Responder (FR) Certificate if you have one.
5. **Return completed Application, this cover sheet (signed), Driver's Abstract, and a copy of your EMT/FR Certificate to the office:**

Mail or hand deliver completed application to:
Port Angeles Fire Department
102 East 5th Street
Port Angeles, WA 98362

OR

Email to:
dsharp@cityofpa.us

I understand that I will be subject to a criminal background search.

Printed Name

Signature

Date

You will be notified concerning your application status.

THANK YOU

If you have any questions, please call 360-417-4655

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Volunteer Application

APPLICATION FOR MEMBERSHIP PERSONAL INFORMATION

Name:

Last

First

Middle

Address:

Street

Apartment number

City

State

Zip Code

Spouse's name: _____

Telephone: Home: _____ Cell: _____ Work: _____

Date of birth: ____/____/____ Height: _____ Weight: _____

WA State Driver's License #: _____ Blood Type: _____

E-mail address: _____

In case of emergency, injury or death, notify (full name): _____

Address

Cell Phone

Work phone

Military Service: _____

Branch

Dates of Service

Rank at Discharge

Specialty

"Fire Safety Starts at Home"

Port Angeles Fire Department

EMPLOYMENT INFORMATION

Current Employer: _____
Name Phone Number

Supervisor Occupation

Is your employer aware of this? Yes No
application?

Is your employer in support of your Yes No
participation?

List the last three employers or past employers over the last 10 years.

Name Phone Number Supervisor

Reason Left

Name Phone Number Supervisor

Reason Left

Name Phone Number Supervisor

Reason Left

Port Angeles Fire Department

REFERENCES

List 2 personal references (not relatives) that we may contact:

Name	Address	Phone Number
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Name	Address	Phone Number
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List any physical impairments, disabilities or limitations you may have (i.e. glasses, color blindness, hearing aid, etc.):

Port Angeles Fire Department Volunteers are required to attend a minimum of 50% of all drills. Do you have any activities, responsibilities or commitments that may prevent you from meeting the minimum attendance requirement? Yes No

If yes, please explain: _____

Have you been convicted of any crime? Yes No

If yes, please explain: _____

List all traffic violations for the past 3 years:

I hereby certify that all of the statements made in this application and any attachments are complete and true as far as I can determine. I understand that any miss-statements of material may subject me to disqualification or dismissal

Signature

Date

Port Angeles Fire Department

PHYSICAL AGILITY WAIVER OF LIABILITY

I, _____, understand that in connection with my application for employment with the Port Angeles Fire Department, I will be required to engage in certain physical tests. I hereby agree to take full responsibility for any injury resulting therefrom, and hereby release, discharge, and hold harmless – for me, my executors, and administrators.

The Port Angeles Fire Department, its employees and agents, from any and all liability for any loss, damage or injury to my person or property resulting from, arising out of, or occurring in connection with said physical tests.

I also hereby affirm that I am in good physical condition and I am physically capable of participating in said physical tests.

Applicant's Signature

Date

“Fire Safety Starts at Home”