



# West Thurston Regional Fire Authority

“Serving Better Together”

10828 Littlerock RD. SW, Olympia WA 98512 ♦ <http://www.westthurstonfire.org>

Ph: (360) 352-1614 ♦ Fax: (360) 352-1696



## MEMBERSHIP APPLICATION

We appreciate your interest in being a volunteer with West Thurston Regional Fire Authority. We want all of 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.

West Thurston Regional Fire Authority is an ever evolving volunteer fire department that is supported by career firefighters. We are offering opportunities in clerical service, public education, emergency medical care and fire suppression.





Our policy requires that you have a good driving record, pass a criminal background check and complete a physical ability test. 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 West Thurston Regional Fire Authority.

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

-  *The physical ability test consists of timed exercises that relate directly to fire service work and require a better than average fitness level to pass. (Regular exercising is recommended)*
-  *The written test is to test your abilities in reading and basic math as it relates to fire service.*

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 get a DOT physical exam (we will give you the proper forms upon successful completion of testing.) At this time, you 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 begin training and be issued gear and a uniform (you need to provide your own footwear and belt);

-  *Fire academy is held twice a year and 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 Medic One EMT course is over 150 hours including evenings and some weekends. (Failing to attend all classes and practicals will result in failing the course)*
-  *Both Fire Academy and EMT class is held twice a year. Sign-up for these classes are approximately every February (Spring class) and July (Fall class).*
-  *You will be expected to attend a Thursday night weekly drill with a PACT Officer who will provide valuable training and prepare you to be successful in your classes.*

Once you have completed the academy or EMT course you will be assigned to shift at one of our stations in Grand Mound, Rochester, Littlerock, or Maytown (based completely on district needs). 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.

Shifts are every nine days. Weeknight shifts begin at 6:30pm and go until 6:30am. Weekend shifts are 24 hours; they begin at 7:30am on Saturday or Sunday morning and continue until 7:30am on Sunday or Monday morning (respectively). Once you are assigned to a shift, you are required to be there, if you can't make it then you are responsible to find a replacement and notify the officer in charge. Remember, firefighting/EMS is the only **profession** you can volunteer for!

Thank you for your time and interest. We look forward to hearing from you soon.

*If you have questions about volunteering with West Thurston Regional Fire Authority; please contact Nathan at 360-352-1614 or via email at: [Nathan.Drake@wtrfa.org](mailto:Nathan.Drake@wtrfa.org)*

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## VOLUNTEER APPLICANTS CHECKLIST

<b>NAME:</b>	<b>DATE:</b>
Cell Phone Number: _____	Are we able to text message to you? Yes <input type="checkbox"/> No <input type="checkbox"/>

<input type="checkbox"/>	Signed Statement of Intent to Volunteer							
<input type="checkbox"/>	Completed Membership Application and Signed Disclosure Statement							
<input type="checkbox"/>	Record of the following immunizations and vaccinations: <table border="1"> <tr> <td>Tuberculosis Testing- Documented Quantiferon Gold (blood test for TB) or two step TB skin test, current within the last 12 months.</td> </tr> <tr> <td>Measles, Mumps, Rubella (MMR)- Documentation of 2 MMR's and/or positive immunity titer.</td> </tr> <tr> <td>Varicella (Chicken pox) - Documentation of 2-varicella's and/or positive immunity titer.</td> </tr> <tr> <td>Hepatitis B (Hep B) If working around blood or blood products, documentation of Hep B vaccinations (series of 3) and/or positive titer.</td> </tr> <tr> <td>Tetanus, Diphtheria &amp; Pertussis (Tdap)- Documentation of vaccination. <i>(Tdap is not the same as DTaP, the vaccine used for children to prevent the same diseases)</i></td> </tr> <tr> <td>Annual influenza vaccine -- Documentation of vaccination, during flu season Oct through April.</td> </tr> <tr> <td>Covid 19 vaccine card or state vaccine record</td> </tr> </table>	Tuberculosis Testing- Documented Quantiferon Gold (blood test for TB) or two step TB skin test, current within the last 12 months.	Measles, Mumps, Rubella (MMR)- Documentation of 2 MMR's and/or positive immunity titer.	Varicella (Chicken pox) - Documentation of 2-varicella's and/or positive immunity titer.	Hepatitis B (Hep B) If working around blood or blood products, documentation of Hep B vaccinations (series of 3) and/or positive titer.	Tetanus, Diphtheria & Pertussis (Tdap)- Documentation of vaccination. <i>(Tdap is not the same as DTaP, the vaccine used for children to prevent the same diseases)</i>	Annual influenza vaccine -- Documentation of vaccination, during flu season Oct through April.	Covid 19 vaccine card or state vaccine record
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All of the above items must be completed in order for your application to be processed

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### STATEMENT OF INTENT TO VOLUNTEER SERVICES

*Initial each statement and sign the bottom*

1. \_\_\_\_\_ It is my intent to give service as a volunteer to West Thurston Regional Fire Authority. I understand that I will not receive compensation for my services, but may receive a nominal fee and/or expense reimbursement, as determined by the Governing Board.

2. \_\_\_\_\_ I understand that upon acceptance to the program that West Thurston Fire will sponsor you into the County Fire Academy and EMT class, but it your responsibility to pay up-front the cost associated with the Certifications.

- Thurston County Recruit Fire Academy is approximately 3 months long and ranges from \$1600-\$1900
- Thurston County EMT Class is approximately 3 months long and ranges from \$1000 to \$1300
- If in the event that you come to WTRFA with having current certifications and in good standing these fees can be waived

In addition, fee's can be earned back by the volunteer by remaining in good standing with the agency for a minimum of 2 years AND attend all training to keep your certifications, attend meetings as required by Labor and Industry, complete any taskbooks required, pass probation and complete the minimum monthly Washington State Volunteer Board requirement of 36 hours per month as a Volunteer Firefighter/EMT or 108 shift hours per month as a Resident Firefighter/EMT. (Administrative Volunteer/Firetone candidates not applicable)

3. \_\_\_\_\_ I offer my services freely and without pressure or coercion direct or implied from any member of West Thurston Regional Fire Authority or the Governing Board. In addition, I understand that my service as a volunteer is subject to termination from the program without notice by both myself and the Department. I understand that I am not an employee, and that as a volunteer, I am not subject to employment laws.

4. \_\_\_\_\_ I understand that volunteer duty responder shifts worked at any of the West Thurston Regional Fire Authority stations are voluntary and are not required, but if I choose to work these shifts I will receive “per diem” for the meals missed by being on duty per policy. (Administrative Volunteer/Firetone candidates not applicable)

SIGNATURE:

DATE:

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PERSONAL DATA	POSITION APPLYING FOR			CELL PHONE
	NAME		WORK PHONE	HOME PHONE
	ADDRESS		D.O.B	SOCIAL SECURITY NUMBER
	CITY	STATE	ZIP	DRIVERS LICENSE #
	EMAIL ADDRESS			
	Do you have any conditions which would prevent you from performing in this position? <b>Yes</b> <b>No</b>			
If yes, what accommodations would you need, if any, to assist you in performing your duties? (please attach)				

EDUCATION	NAME OF SCHOOL, UNIVERSITY OR VOCATIONAL SCHOOL	DEGREE	DATES ATTENDED FROM/TO	MAJOR	GPA
	HIGH SCHOOL				
	COLLEGE				
	COLLEGE				
	OTHER				
	OTHER				

EMPLOYMENT HISTORY	List your work experience for the last 3 years including self employment, military service and periods of unemployment. Attach additional sheets if necessary		
	MOST RECENT EMPLOYER	PHONE	FROM-TO
	ADDRESS	HOURS WORKED	
	TITLE/POSITION	IMMEDIATE SUPERVISOR	
	JOB DESCRIPTION		
	REASON FOR LEAVING		
	EMPLOYER	PHONE	FROM-TO
	ADDRESS	HOURS WORKED	
	TITLE/POSITION	IMMEDIATE SUPERVISOR	
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	JOB DESCRIPTION		
REASON FOR LEAVING			

For internal use only:  
 Date received: \_\_\_\_\_ By: \_\_\_\_\_ Followed up: \_\_\_\_\_ By: \_\_\_\_\_

List any organizations you have volunteered for			
VOLUNTEER HISTORY	VOLUNTEER ORGANIZATION	PHONE	FROM-TO
	ADDRESS	HOURS WORKED	
	TITLE/POSITION	IMMEDIATE SUPERVISOR	
	JOB DESCRIPTION		
	REASON FOR LEAVING		
	VOLUNTEER ORGANIZATION	PHONE	FROM-TO
ADDRESS	HOURS WORKED		
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JOB DESCRIPTION			
REASON FOR LEAVING			

CERTIFICATES	EXPIRATION DATE	SKILLS
TYPING SPEED	HOW MANY YEARS OF COMPUTER EXPERIENCE DO YOU HAVE?	
WHAT COMPUTER SOFTWARE ARE YOU PROFICIENT WITH?		
OTHER RELATED EXPERIENCE		

List names and telephone numbers of three business/work references who are <i>not</i> related to you, and are <i>not</i> previous supervisors. If not applicable, list three school or personal references who are not related to you.				
NAME	TITLE	RELATIONSHIP	PHONE	YEARS KNOWN

PLEASE LIST PRIMARY AND SECONDARY EMERGENCY CONTACTS		
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER



## CONVICTION/CRIMINAL HISTORY INFORMATION

This form must be completed to be considered for employment

When considering individuals for employment (both career and volunteer), conviction/criminal history records are reviewed as they are related to the content and nature of the work, and the safety and security of the fire district staff and the public. A conviction/criminal history does not necessarily disqualify an individual for employment/volunteer membership. Criminal history records will be subject to a satisfactory criminal conviction report. Applicants will be asked to sign a separate release form. Applicants who do not sign the release will be removed from the consideration for the employment/volunteer membership.

**\*Note\*** If you have had a felony arrest, you can not proceed with the application process. If you have had a misdemeanor crime against person within the past 10 years, or any other misdemeanor arrest within the past 5 years, you may not proceed with the application process.

**Instructions:** Complete ALL sections and sign below. The information you provide will be used only as it relates to consideration for employment (paid and volunteer)

NAME

SOCIAL SECURITY NUMBER

POSITION APPLIED FOR

## CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION

Have you ever been convicted of any of the crimes listed below?  NO  YES - If yes, check all that apply and describe in space below.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Arson                      | <input type="checkbox"/> Extortion                         | <input type="checkbox"/> Promoting Prostitution                     |
| <input type="checkbox"/> Assault, Custodial         | <input type="checkbox"/> Forgery                           | <input type="checkbox"/> Prostitution                               |
| <input type="checkbox"/> Assault, Simple            | <input type="checkbox"/> Incest                            | <input type="checkbox"/> Robbery                                    |
| <input type="checkbox"/> Assault                    | <input type="checkbox"/> Indecent Exposure-Felony          | <input type="checkbox"/> Rape                                       |
| <input type="checkbox"/> Burglary                   | <input type="checkbox"/> Indecent Liberties                | <input type="checkbox"/> Rape of Child                              |
| <input type="checkbox"/> Child Abandonment          | <input type="checkbox"/> Kidnapping                        | <input type="checkbox"/> Selling/Distr. Erotic Materials to a Minor |
| <input type="checkbox"/> Child abuse or Neglect     | <input type="checkbox"/> Malicious Harassment              | <input type="checkbox"/> Sexual Exploitation of a Minor             |
| <input type="checkbox"/> Child Buying or Selling    | <input type="checkbox"/> Manslaughter                      | <input type="checkbox"/> Sexual Misconduct with a Minor             |
| <input type="checkbox"/> Child Molestation          | <input type="checkbox"/> Murder, Aggravated                | <input type="checkbox"/> Theft                                      |
| <input type="checkbox"/> Communication with a Minor | <input type="checkbox"/> Murder                            | <input type="checkbox"/> Unlawful Imprisonment                      |
| <input type="checkbox"/> Criminal Abandonment       | <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> Vehicular Homicide                         |
| <input type="checkbox"/> Criminal Mistreatment      | <input type="checkbox"/> Promoting Pornography             | <input type="checkbox"/> Violation of Child Abuse Restraining Order |
| <input type="checkbox"/> Custodial Interference     |  |   |

Explanation of Violation(s):

X

SIGN HERE

## DRIVING RECORD EVALUATION

This form must be completed to be considered for employment

All applicants for career and volunteer positions with West Thurston Regional Fire Authority will have their driving records evaluated. West Thurston Regional Fire Authority uses the violation points system listed below. If your permanent driving record reflects a total of six (6) points or more for a period of 36 months (3 years) preceding the date of your application, you will not be allowed to continue the process. Therefore, if you know that your driving record is less than six points, you may apply. However, any new violations that occur before the completion of the probationary process, which put your total score over six points will disqualify you. Annual evaluation of a member's driving record may be made during a member's employment or volunteer service. Any current member found in violation of this evaluation will result in the suspension of the driving privileges and/or termination of employment with West Thurston Regional Fire Authority .

Violations	Points
Revocation of Driver's License	8
Denial of Issuance of Driver's License	8
Negligent Homicide	8
Driving while Intoxicated (involving an accident)	8
Driving while Intoxicated (not involving an accident)	6
Reckless Driving (involving an accident)	8
Reckless Driving (not involving an accident)	6
Negligent Driving (involving an accident)	5
Negligent Driving (not involving an accident)	4
Hit and Run (attended, occupants in vehicle)	8
Hit and Run (unattended, no occupants in vehicle)	6
Driving while license is Suspended (DWLS)	4
<i>Speeding in Excess of the Posted Limit:</i>	
0-14 mph over	2
15-19 mph over	3
20-25 mph over	4
26 mph and over	5
<i>Convictions of forfeitures for other moving violations:</i>	
Each Violation Involving an Accident	4
Each Violation not Involving an Accident	2

A  
G  
R  
E  
E  
M  
E  
N  
T

I hereby certify, under the penalty of perjury in the state of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current and former employers and all schools or educational and technical institutions which I have attended to provide Fire Department representatives any information regarding my current and former employment, including performance, discipline and attendance, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts. I hereby waive any claims against West Thurston Fire District No. 1 for relying on any information from my prior employers. I am willing to submit to a pre-employment physical examination if required.

I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

**I UNDERSTAND THAT MY APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED.**

**X**

**Date:**

How did you find out about volunteer opportunities with West Thurston Regional Fire Authority?

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