

*South Whidbey Fire / EMS*



*Proudly Serving Since 1950*

*Thank you for your interest in becoming a volunteer for South Whidbey Fire / EMS.  
This is an exciting and rewarding opportunity and we look forward to meeting you.*

**Please follow the steps below to successfully complete the application process.**

**MINIMUM ENTRY REQUIREMENTS**

- Be at least 18 years old.
- Possess a high school diploma, GED or equivalency qualification.
- Live within the boundaries of the fire district or an active EMT/FF out of district.
- Have a valid State of Washington Driver's License.
- Be of good moral character.
- Have not been convicted of a felony, a crime against a person, or crime against a child.
- Pass a drug screen provided by the department.
- Complete a physical, entrance exam and work capacity test, provided by the department.

**APPLICATION PROCESS**

- You must complete a drug screen with Labcorp **before** submitting this application. Information on the closest location and their hours can be found on the back of this sheet. All you need to bring with you is your photo ID and this number **208189**, you will not be charged for this service.
- Carefully read and answer all questions in this packet truthfully.
- If applicable enclose a copy of your Fire/EMS certifications.

If you have any questions regarding the application or the process of becoming a volunteer please contact us:

**360-321-1533 or [info@swfe.org](mailto:info@swfe.org)**

(Monday-Friday 9:00-4:00) **[www.swfe.org](http://www.swfe.org)**

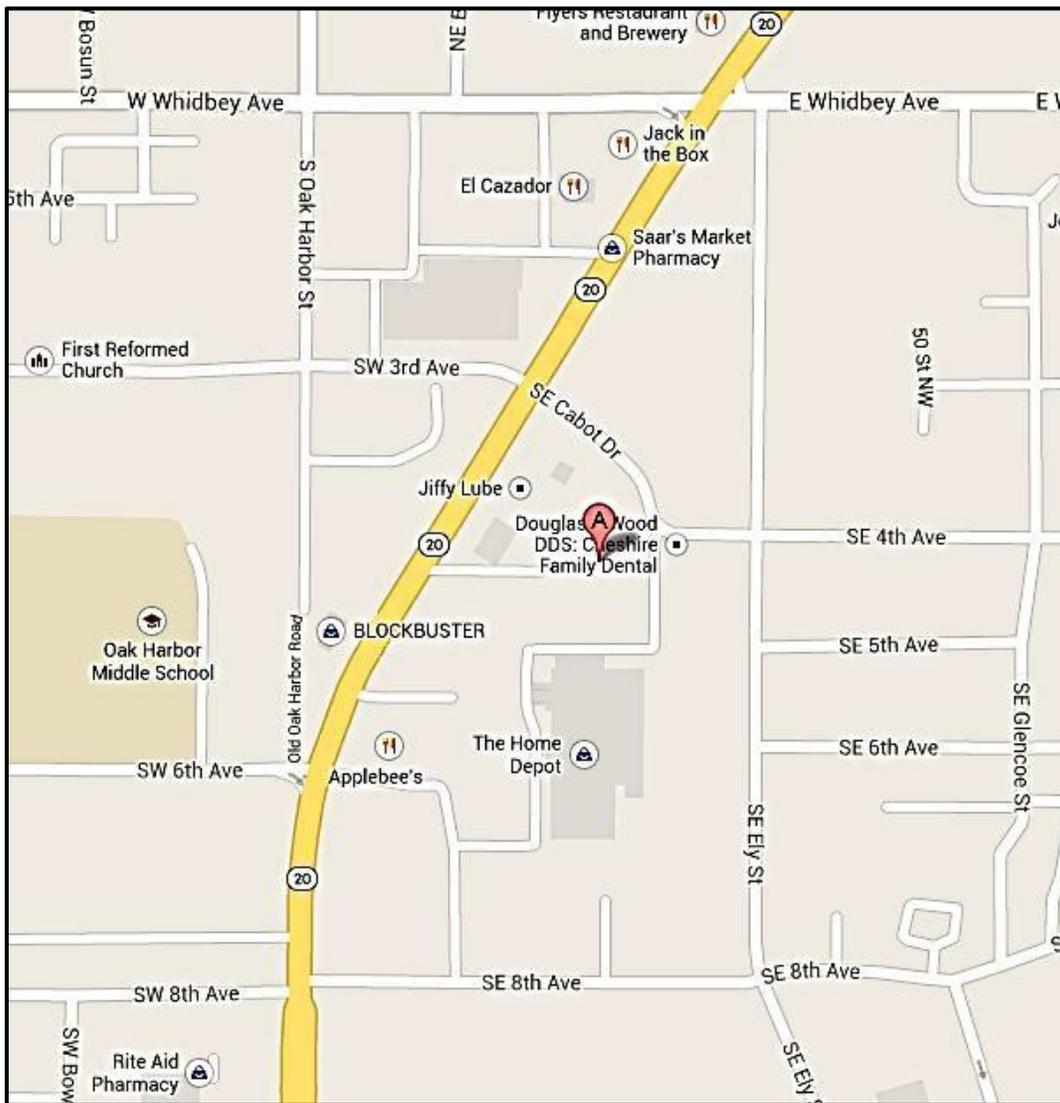
**\*\*DRUG TESTING MUST BE DONE BEFORE THE APPLICATION IS TURNED IN\*\***



**LABCORPDYNACARE**

**275 SE CABOT DR STE B202  
OAK HARBOR, WA 98277  
Phone: 360-675-5133  
Fax: 360-675-4973**

**Hours: DRUG SCREENS 8:30AM-4:00PM    CLOSED FOR LUNCH 12:30P-1:30P**



**TESTING CAN BE DONE AT ANY LapCorp , PLEASE CHECK THEIR WEBSITE [www.labcorp.com](http://www.labcorp.com)**

**Please bring a photo ID and this number 208189**



## Application Checklist

( All Items listed below *must* be completed before submitting the application)

\_\_\_\_\_ I have completed a drug screen with LabCorp

\_\_\_\_\_ I carefully read through the application and answered all questions truthfully

\_\_\_\_\_ I have enclosed a copy of my FIRE and/or EMS certifications if applicable

If you have any questions regarding the application or the process of becoming a volunteer please contact us:

**360-321-1533** or [info@swfe.org](mailto:info@swfe.org)

*South Whidbey Fire / EMS*



*Proudly Serving Since 1950*

5579 Bayview Rd  
Langley, WA 98260

Telephone: (360) 321-1533  
Fax: (360) 321-9385

## Volunteer Application

Volunteer Firefighter

Volunteer EMT

### PERSONAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Include all legal names used)

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EDUCATION

Name and location of high school attended: \_\_\_\_\_

Did you graduate: Yes No \_\_\_\_\_

If you are not a high school graduate, do you have a GED: Yes No

If yes, please provide the date: \_\_\_\_\_

Continued education, college, trade school, etc.

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (Please do not list former employers or relatives)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Current Employer: \_\_\_\_\_ Phone \_\_\_\_\_ Number: \_\_\_\_\_

Dates of \_\_\_\_\_ Employment: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone \_\_\_\_\_ Number: \_\_\_\_\_

Date of \_\_\_\_\_ Employment: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**FIREFIGHTER EXPERIENCE**

Department/Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Department/Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EMS EXPERIENCE**

Department/Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Supervisor: \_\_\_\_\_

First Responder \_\_\_\_\_ EMT \_\_\_\_\_ Paramedic \_\_\_\_\_ Other \_\_\_\_\_

Do you have a current Health Care Provider Card, Yes \_\_\_\_\_ No \_\_\_\_\_

Are you current with your continuing medical education (CME) requirements for the last certification period?

Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Department/Agency: \_\_\_\_\_ Phone \_\_\_\_\_ Number: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Supervisor: \_\_\_\_\_

First Responder \_\_\_\_\_ EMT \_\_\_\_\_ Paramedic \_\_\_\_\_ Other \_\_\_\_\_ Do you have a current Health Care

Provider Card, Yes \_\_\_\_\_ No \_\_\_\_\_

Are you current with your continuing medical education (CME) requirements for the last certification period?

Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PERSONAL STATEMENTS**

Why are you interested in becoming a volunteer? \_\_\_\_\_

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Do you have any physical limitations or health concerns that may preclude you from performing the duties of a volunteer firefighter or EMT? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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How did you hear about South Whidbey Fire / EMS and our volunteer program?

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**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION**

I certify the information I have provided is true, correct and complete to the best of my knowledge. I certify that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand the information contained in this application will be verified by South Whidbey Fire / EMS. I understand any misrepresentations or omissions may subject me to disqualification as an applicant for a volunteer position, or terminate my position as an at-will volunteer.

**I further understand this is an application only and does not commit South Whidbey fire / EMS in any way to accept me as a volunteer.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**\*\*ALL FIELDS REQUIRED, SIGN & DATE IN BOTH FIELDS, PRINT LEGIBLY\*\***

**(1) ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of DISCLOSURE REGARDING BACKGROUND INVESTIGATION (see below) and certify I have read and understand these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by South Whidbey Fire/EMS at any time after receipt of this authorization and throughout my employment/volunteer service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. #877.251.5656; [www.backgroundscreenersofamerica.com](http://www.backgroundscreenersofamerica.com)** and/or South Whidbey Fire/EMS. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**BACKGROUND INFORMATION**

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Other Names/Alias:** \_\_\_\_\_

**Social Security\* #:** \_\_\_\_\_ **Date of Birth\*:** \_\_\_\_\_

**(\*This information will be used for background screening purposes only and will not be used as hiring criteria)**

**Driver's License #:** \_\_\_\_\_ **State of Driver's License\*:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(2) DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

South Whidbey Fire/EMS may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 877.251.5656; [www.backgroundscreenersofamerica.com](http://www.backgroundscreenersofamerica.com)**. The scope of this disclosure allows South Whidbey Fire/EMS to obtain consumer reports now and throughout the course of your employment/volunteer service, to the extent permitted by law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*ALL FIELDS REQUIRED, SIGN & DATE IN BOTH FIELDS, PRINT LEGIBLY\*\***