#### SHOSHONE COUNTY FIRE PROTECTION DISTRICT No. 1

### **Volunteer Application and Membership Standards**

#### TO APPLY:

- 18 years of age or older
- High School Diploma or GED
- Idaho State Driver's License
- Meets appearance and conduct standards outlined in SCFPD 1 Personnel Policy

#### PRIOR TO ACCEPTANCE:

- Introduction to the duty crew members
- Background Check
- Interview with an Officer
- Attendance of one monthly Fire/EMS training

#### **YEARLY EXPECTATIONS:**

- In District Personnel- (living within District boundaries at Chief's discretion)
  - Respond to emergency calls as available\*
  - o (1) 12 hour shift per month
- Out of District Personnel- (Living outside District boundaries at Chief's discretion)
  - o (2) 12 hour shifts per month
- Training in District and out of District Personnel
  - Must attend 50% of scheduled monthly trainings pertaining to your skills(fire/ems/both)\*\*
  - Must assist in instruction of 1 training annually

#### **VOLUNTEER ASSOSCIATION:**

- Tracking
  - o Volunteer Officer will track/record the volunteers training level and participation for evaluation.
  - o Participation will be evaluated every six months. (January and July)
- Evaluation
  - After a six month evaluation period any volunteer not meeting the minimum requirements will be informed and be placed on alert for the next evaluation period
  - If a volunteer fails to meet the minimum requirements for two consecutive six month periods, aside from extenuating circumstances, the volunteer will be informed and turn in any gear issued to him/her by SCFPD#1

#### **BENEFITS:**

- Service to the community in a positive team atmosphere
- EMT certification, and FF1 certification paid for by the district with a 1 year service commitment.
- Monthly training to keep certifications and skills current
- Incentive points for training and shifts
- Hiring preference for volunteer candidates

l,	, have read and understar	and these minimum membership standa	ards and				
what will be expected of me as a volu	nteer with Shoshone Cou	unty Fire Protection District #1. I do her	eby agree				
o the Minimum Membership Standards and I understand the consequences of not meeting these minimum							
standards. I as a representative of this fire district and community, will do my utmost to fulfill these standards as							
a volunteer with Shoshone County Fir	e Protection District #1.						
·							
Signature of Applicant		Date					

 $<sup>\</sup>ensuremath{^{*}}\xspace$  Must respond to a minimum of two calls per six month evaluation period.

<sup>\*\*50%</sup> of trainings that occur in a six month evaluation period. Missed trainings can be made up on scheduled shifts with duty crew.

# SHOSHONE COUNTY FIRE PROTECTION DISTRICT No. 1 Volunteer Application

PLEASE PRINT

Name:			Date:
Last	First		Middle
Street Address:			
Mailing Address:			
Home Phone:	Call Phono:		Work Phono:
			Work Phone:
Email address:			
Why do you want to be a vo	lunteer firefighter?		
Desired Position: (Circle one o	r both) Firefighter	EMT	
Please list any previous volu	ınteer or career expe	rience and/or training	in either field:
Currently Employed? (Circle of If so Where?			
Do you have a valid driver's CDL Class:			Driver's license # :
Have you ever been convict	ed, fined or placed or Yes No	n parole, probation, or	been given a suspended sentence in a
Highest Education Received High School College Subject/Degree (s)		completed)	
Participation in any position sessions at night and on we	•	-	Are you available to attend training

Do you have transportation? (Circle one)	Yes No		
Please list your skills, interests, hobbie	es, and community activities	s you have been involved in:	
Please list the name, address and pho	ne number of at least 3 refe	erences:	
Name	Phone	Relationship	
1)			
2)			
Address			_
3)			
Address			_
Emergency Contact:			
Name	Phone	Relationship	
Address		·	
Signature of Applicant			

## SHOSHONE COUNTY FIRE PROTECTION DIST. No. 1 Limited Security Clearance Investigation

Please Print. Must be completed and signed before a notary public.

I hereby authorize the Shoshone County Sheriff's Office to conduct a search for any criminal or traffic offenses and release said information to Shoshone County Fire Protection District #1. I hereby release the Shoshone County Sheriff's Office, its officers and employees and Shoshone County Fire Protection District #1, its officers and employees and others from any liability or damage which may result from furnishing the requested information. The original of this form is given to the Shoshone County Sheriff's Office with a copy maintained at the Shoshone County Fire Protection District #1 office in Osburn, Idaho. The copy will be made available upon request. This information is used to assist the Shoshone County Fire Protection District #1 in determining my fitness and qualification for a position of trust and responsibility as a volunteer.

Full Legal Name:			
Last	First		Middle
Maiden Name or other names used: _			
Address			
Address:	City	State	Zin Codo
Street	City	State	Zip Code
Date of Birth:	Drivers License Number:		State:
Month/Day/Year			
Social Security No:		<del></del>	
Signature:		Date:	
Otata affilial a			
State of Idaho ) ) ss			
County of Shoshone )			
county of encontents /			
On thisday of	, 20, _		who is personally known
to me (or whose identity was proved to	me on the basis	of satisfactory evidence), po	ersonally appeared before
me to be the signer of the above instru	ument, and he/she	e acknowledged that he/she	executed it.
NOTARY PUBLIC			
RESIDING AT			
ILOIDINO AI			
MY COMMISSION EXPIRES:			