

Nestucca Rural Fire Protection District

Volunteer Application

Nestucca Rural Fire Protection District provides equal employment opportunity to all qualified employees and applicants, without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, veteran's status, or any other status protected by applicable federal, Oregon, or local law. No application will be rejected because of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

To claim veterans' preference in hiring, complete the Veteran's Preference Form and submit it with the required documentation at the time you submit this application.

IF HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE COMPLETE LEGIBLY. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE.

Position		
Position Applying For	Available Start Date	Today's date

Personal Information			
Name			
Address	City	State	Zip
Phone Number	Mobile Number	Email Address	
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Proof of identity will be required upon employment)			

Education					List any colleges, military, trade, business or other schools attended.
Do you have a high school diploma or GED Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>					
School Name	Location	Diploma/Degree	Major/Minor	Did you Graduate?	

Certificates & Licenses				List professional license, registration, or certificate required or preferred for position. Please provide copies of certificates and Licenses
Type	Issuing Agency	Date Issued	Date Expires	

Nestucca Rural Fire Protection District

Employment History				
This information in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Clearly describe all your duties, starting with your most recent job. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet.				
Employer (1)	Job Title	Dates Employed (from-to)		
Address	City	State	Zip	
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving				
Duties				
Employer (2)	Job Title	Dates Employed (from-to)		
Address	City	State	Zip	
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving				
Duties				
Employer (3)	Job Title	Dates Employed (from-to)		
Address	City	State	Zip	
Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for leaving				
Duties				

Employer (4)	Job Title	Dates Employed (from-to)		
Address	City	State	Zip	

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Supervisor Name	Phone Number	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving		
Duties		

References	
Name: _____ Company: _____ Phone: _____	Title: _____ Relationship to you: _____ Email: _____
Name: _____ Company: _____ Phone: _____	Title: _____ Relationship to you: _____ Email: _____
Name: _____ Company: _____ Phone: _____	Title: _____ Relationship to you: _____ Email: _____

Certification & Signature	
<p>I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered during any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.</p>	
<ul style="list-style-type: none">• I certify that all statements contained herein are true and complete.• I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.• I authorize the employing agency to verify the employment and education information provided in this employment 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 pre-employment drug screening and criminal history background check, if applicable.• I am able to perform the essential duties of this position as advertised, with or without reasonable accommodation<ul style="list-style-type: none">○ Yes○ No Explanation: _____	
Signature: _____	Date: _____

Nestucca Rural Fire Protection District

Veterans' Preference Form (ORS 408.230)

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. **If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4).** This completed form and required supporting documentation must be submitted with your application for consideration for Veterans' Preference.

Qualified Veteran Questions: *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)*

ORS 408.225(f) – I served on active duty with the Armed Forces of the United States:

- For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions
- For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service related disability
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
- And received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions
- And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

Qualified Disabled Veteran Questions: *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs;
or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veterans' Preference, have attached proof of eligibility as directed and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification, or dismissal, regardless of when discovered.

Signature: _____

Date: _____

Position Applied For: _____



NESTUCCA RURAL FIRE PROTECTION DISTRICT

30710 Highway 101 S

Cloverdale, Oregon

503-392-3313

NESTUCCA RURAL FIRE PROTECTION DISTRICT

RIDE-ALONG RULES OF CONDUCT

- Emergency service observation hours shall be limited to 0800 – 2000 hours.
- Under “NO” circumstances shall ride-along/observer(s) stay overnight at Fire stations.
- Ride-Along/Observer(s) are **restricted** from entering any sleeping quarters at the Fire stations.
- Ride-Along/Observer(s) **must be 16** years of age. With approval from parent/guardian.

I. Dress and Appearance

- a. Ride-Along/Observer shall be neat and clean in appearance. Their personal hygiene and grooming must be acceptable to the on-shift officer. While participating in the Ride-Along Program, the Rider is, in effect, representing the Fire District.
- b. Ride-Along/Observer shall wear suitable attire. Dark pants and light plain shirts are recommended (no jeans). No writing or artwork is allowed on clothing, except small brand logos are acceptable. The following clothing items are prohibited: open toe shoes, sandals, high heels, shorts, tank tops, garments with offensive messages, garments that are excessively loose, and/or excessive loose jewelry with the exception of a ring and a watch.
- c. Ride-Along/Observer must wear flat, closed-toe shoes (steel-toed is strongly recommended).
- d. Jacket: Dark solid color recommended.
- e. Ride-Along/Observer shall wear a name badge or observer vest provided by the District, or other appropriate badge provided by the media, school, or hospital, etc.
- f. Hair: Long hair shall be pulled back and tied so as not to interfere with activities.

II. Rules of Conduct

- a. Ride-Along/Observer(s) are required to conduct themselves in a manner that will not interfere with Fire District operations.

- b. Ride-Along/Observer(s) are expected to act in a manner which reflects a positive image on the Fire District.
- c. Ride-Along/Observer(s) are encouraged to ask questions, please do so at appropriate times.
- d. No firearms or other weapons may be brought onto District property or carried during the ride along.
- e. No alcoholic beverages or drugs are to be brought onto District property nor consumed prior to the ride. The smell of alcoholic beverages or marijuana, etc., on the breath will prohibit you from participating.
- f. Participants shall wear a seat belt as per State Law and department policy.
- g. Participants **shall carry a valid Driver's license or identification with them during the ride along at all times.**
- h. At no time will observers be permitted to take pictures, use a video camera or any other audiovisual recording device while on the scene of an incident. Requests for media ride-alongs will be dealt with separately through the Fire Chief.
- i. Ride-Along/Observer(s) will treat private health information as strictly confidential. Disclosure of private health information outside of the organizations who are working with the patient is strictly forbidden. No response documents or copies, on which individually identifiable information such as name, address, SSN, etc. shall be removed, disclosed or transmitted off site.
- j. Use of tobacco products is not permitted in any station or vehicle. Ride-Along participants will be responsible for bringing his/her own meals.

Print Name: _____

Signature: _____

Date: _____



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WAIVER OF LIABILITY

I, _____ (participant), acknowledge that I have voluntarily applied to participate or give consent in the following activities with the Nestucca Rural Fire Protection District:

(Description of activities, which Participant will engage in)

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

As consideration for being permitted to participate in these activities, I further state and reiterate and agree that neither the Nestucca Rural Fire Protection District, nor any members of the Nestucca Rural Fire Protection District, shall be responsible or liable for any injury, damage, loss or expense, either to me or my property, which may be incurred during the activity or while accompanying any member or employee of said District during the performance of their official duties, or resulting from any negligent act or omission on the part of any member of the Nestucca Rural Fire Protection District. I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will, it be being my intention to hold and save the Nestucca Rural Fire Protection District harmless from any and all liability whatever which might be incurred in consideration of it granting me the privilege of gaining experience and knowledge in my capacity.

Printed Name: _____

Signature: _____

Date: _____



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HIPAA OBSERVER AGREEMENT

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 limits departmental disclosure of the protected health information of any patient to specific uses such as the provision of treatment or other health care services, for billing and payment purposes, and for health care operational purposes. Additionally, the District is authorized to release health information for a number of specialized purposes (to assist in the prevention or control of public health risks, selected assistance to law enforcement agencies, assistance to federal officials in the interests of national security, etc.).

As a participant in the District's Ride-Along Program, you are specifically prohibited from discussing individual patients, their treatment, and any other information that could be utilized to identify these patients with anyone except those departmental personnel who will be conducting your ride along activities. Any disclosure of patient information as detailed above may subject you to civil and/or criminal penalties as prescribed by law.

As a participant in the Nestucca Rural Fire Protection District's Ride-Along Program, I understand the restrictions outlined above and I agree to abide by the requirements of this agreement. I understand that I may be subject to civil or criminal penalties should I violate the prohibitions set forth in the Health Insurance Portability and Accountability Act of 1996.

Printed Name: _____

Signature: _____

Date: _____



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Thank you for your interest in being a member of Nestucca Rural Fire Protection District. This form will remain confidential and is only intended to complete a background check as required by our Districts policy for new members. The information you provide will not be used in any other manner than that of which is required by the District to complete your application.

Please fill out all fields below.

Name: _____

Date of Birth: ___ / ___ / _____

Social Security: _____ - _____ - _____

Driver's License: State: _____ Number: _____ Expiration: _____

I hereby certify that all statements made in this application are true, and I agree and understand that any statement that is false, fraudulent, or misleading in this application or attached material, during the interview or screening process, or discovered during any employment-related process (post hire) may result in the revoking of a job offer or termination of employment.

- I certify that all statements contained herein are true and complete.
- I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
- I authorize the employing agency to verify the employment and education information provided in this employment 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 pre-employment drug screening and criminal history background check, if applicable.

Signature: _____ Date: _____

WHA Insurance
2930 Chad Drive, Suite 100
Eugene, Oregon 97408
Phone: 541-342-4441
Fax: 541-484-5434

Employee Motor Vehicle Record Release and Request

I authorize WHA Insurance to order my Motor Vehicle Record in conjunction with my employment or potential employment with **Nestucca Rural Fire Protection District**.

I have read and understand the Privacy Notice issued by WHA Insurance explaining their procedures regarding the use of personal information.

Driver's License Number: _____ State: _____

Signature: _____ Date: _____