

BOARD OF DIRECTORS

Bob Brooks  
Jon R. Brown  
Orville Downer  
Randy Franke  
Ken Morin

CHIEF OF DEPARTMENT

J. Kevin Henson



**Marion County Fire District #1**  
**300 Cordon Road NE Salem, Oregon 97317**  
**(503)588-6519**

FOUR CORNERS STATION  
MIDDLE GROVE STATION  
PRATUM STATION  
MACLEAY STATION  
BROOKS STATION  
CLEAR LAKE STATION  
LABISH CENTER STATION  
COLLEGE STATION

**VOLUNTEER FIREFIGHTER ASSOCIATION**  
**APPLICATION FOR MEMBERSHIP**

**Position applied for**

**Volunteer or**

**Resident Volunteer**

Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last, First, Middle)

Address \_\_\_\_\_ City \_\_\_\_\_

State, Zip \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_

Business \_\_\_\_\_ Driver's License: State and # \_\_\_\_\_

List addresses for the last 5 years if less than 5 years at current address given above.

Dates	Address	City	State/Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List ANY AND ALL previous firefighting, EMS or emergency response experience

From	Dates	To	Department, District or Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List ALL employers for the last 3 years including summer and part-time; list last or present employer first.

Employer	From	To	Regular work hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION**

High School \_\_\_\_\_ Location \_\_\_\_\_

Graduated      Yes      No      or GED      Yes      No

College		Name	Location	Dates	Credits	Major	Degree

**SPECIAL TRAINING**

List ALL FSAB, EMS or other special training or certifications that you have that might be related to your position.

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**SKILLS & TALENTS**

List any skills or talents that you have that might be helpful to the Fire District or the Volunteer Association, i.e., working with children, carpentry, electrical, artistry, computer, etc.

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**REFERENCES**

List 3 references (exclude relatives and former employers) giving complete names, addresses, occupation and a number of years known.


Name
Occupation
#yrs
Phone Number / Email

**By my signature below, I certify that all answers and statements on this portion of this application are true and complete to the best of my knowledge.**\_\_\_\_\_  
Name\_\_\_\_\_  
Date

**VOLUNTEER FIREFIGHTER ASSOCIATION**  
**APPLICATION FOR MEMBERSHIP**  
(PART 2 – CONFIDENTIAL)

**DRIVING RECORD**

List ANY AND ALL driving citations and/or chargeable accidents you have had within the last 3 years. **If none, mark N/A.**

Date	Infraction	Court
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ARREST AND COURT RECORD**

List ALL instances in which you have been convicted of breaking any law, except traffic citations. **If none, mark N/A.**

Date	Place	Charge & Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PHYSICAL CAPACITY**

A general statement of physical requirements is present for reference. Firefighters may lift, drag or carry items up to and including a human being, work in protective clothing in temperatures in excess of ambient temperature or below 32 degrees F; perform clerical work including prolonged sitting or standing, work under mental or physical stress for a period of two hours or more; drive apparatus including trucks, vans and cars; climb ladders; work in areas where good balance is required; work in confined spaces and/or wear self-contained breathing apparatus, crawl on hands and knees; perform medical duties; and work in close proximity with others.

List any physical conditions, defects, disability or health conditions you have which you believe may limit your ability to perform the functions of the position as described above.

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## **AFFIDAVIT**

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration or my appointment terminated.

I acknowledge that my appointment is subject to my compliance with the rules, regulations and requirements of the District and the Association, and I understand that I may be terminated for violation of such regulatory statutory requirements.

I expressly waive all provision of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to Marion County Fire District #1 or the Association any knowledge or information thereby acquired. Further, I agree to the performance of a medical examination by the District's medical advisor.

I also authorize Marion County Fire District #1 to receive from Marion County, the State of Oregon or any other organization, information relative to my past driving record, criminal record or other information which, in the view of the District or Association, might reflect on my position or appointment. I acknowledge that my date of birth is necessary to acquire this information.

**Date of Birth** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

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## **DISCLOSURE AND RELEASE FORM EMPLOYEE DRIVING RECORD INFORMATION**

1. In connection with my employment (or my application for employment), I hereby give permission to Marion County Fire District #1, (hereinafter referred to as Employer) to obtain my state driving record (also known as my motor vehicle record or MVR).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize, without reservation, and party or agency contact by Employer, to furnish the above-mentioned information.
4. I understand I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
5. This authorization shall remain on file by Employer for the duration of my employment and will serve as ongoing authorization for Employer to procure my state driving record at any time during my employment period.
6. I understand that Employer may take adverse action affecting my employment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
  - Employer must notify me in writing of any such adverse action.
  - I have the right to receive a copy of the driving record upon which the adverse action is based.
  - I have the right to receive a summary of my right under the Fair Credit Reporting Act. I have the right to know the name, address and phone number of the consumer-reporting agency that provided my driving record to Employer.
  - I have the right to obtain a free copy of my driving record from th agency that provided it, if such request is made within 60 days from the date that Employer took adverse action.
  - I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it, and request that errors be corrected.

\_\_\_\_\_  
**EMPLOYEE'S NAME PRINTED**

\_\_\_\_\_  
**EMPLOYEES SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Driver's License Number and State**

\_\_\_\_\_  
**Date of Birth**