

McCloud



Fire Department

Volunteer Firefighter
Volunteer E.M.T.

Application Packet

Applicant Name: _____

Steve Boone

Fire Chief

Fire Hall: 530-964-2422

Cell: 530-261-2495

Email c/o: admin@ci.mccloudcsd.ca.us

Position applying for: _____

Date: ___/___/___

A well-prepared application is important. Read the entire application before answering questions. Evaluation of your qualifications will be based, in large part, on the information you provide herein.

Fill in all blanks completely and accurately. Any false statement or evidence of fraud or deceit in any manner connected with this application will disqualify you.

Copies of the following documents must be submitted with this application:*

- Drivers License
- Fire/EMS Related Certifications

**All documents shall be made part of your application and therefore cannot be returned to you, so it is important that you submit copies.*

Applicant Information

Have you previously submitted an application to the McCloud V.F.D.? Y / N

If yes when? _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth ___/___/___ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

P.O. Box _____ Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____ Cellular Phone #: (____) _____ - _____

Email: _____

How long have you lived in the McCloud community? _____ Years _____ Months

Current Employer: _____

Supervisors Name: _____ Years / Months Worked: _____

Employer Address: _____

May We Contact Your Supervisor? Yes / No

Previous Residence: (Past two addresses)

Address: _____ City: _____ State: ____ Zip: _____

Address: _____ City: _____ State: ____ Zip: _____

References

Emergency Contact:

Name: _____ Phone: (____) ____ - _____

Secondary Number (____) ____ - _____ Relation: _____

Nearest Relative's name and relation:

Name: _____ Phone: (____) ____ - _____

Relation: _____

Give names and phone numbers of three local persons, other than relatives, who know you well enough to give information about you.

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Name: _____ Phone: (____) ____ - _____

Education

High School: _____ Years Completed: _____

College: _____ Years Completed: _____

Other:

List Fire and/or EMS Training Courses Completed. If necessary attach a separate page(s) and indicate the page number(s) below.

List names and dates of other fire departments or ambulance companies you have belonged to.

Limitations

Do you have any physical, mental, or sensory handicaps which might affect your work performance or which should be considered during application review? Y / N

If yes please explain:

List any reasons known to you why you might be unable to perform consistently and promptly any of the membership duties.

List any hospitalizations, operations or serious medical illnesses? If so list approximate date, and your age at the time.

Do you smoke? Yes / No. How long _____, and how much _____.

Are you willing to undergo a physical examination, drug test and live scan at the expense of the fire department? Yes / No

Give a brief statement of your alcohol consumption.

List any allergies to medications, foods, insects, etc. that you currently have.

List all medications you currently take and what you take them for.

Background

Driver's license number: _____ Class(es): _____ Endorsements: _____

Expiration Date: _____

If you do not have a driver's license, give reason and provide previous license number and state where issued:

List all traffic violations with dates and locations for the past five years.

Have you ever had a driver's license suspended, revoked or cancelled? Y / N
If yes, explain:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary, and release all concerned from any connection therewith.

I understand that false or misleading information given may result in release of duties as a volunteer firefighter/EMS from McCloud Volunteer Fire Department.

I agree to abide by the bylaws and official revisions thereto and all lawful orders of the department to the best of my ability.

Signature

Date

Authorization to Release Information

As an applicant for the position of volunteer firefighter with the McCloud Volunteer Fire Department, I am required to furnish information concerning my physical, education and mental qualifications, including any and all criminal history. In this regard, I authorize the McCloud Volunteer Fire Department to make any and all appropriate inquires regarding the aforementioned qualifications, moreover, I authorize those people or organizations selected by the McCloud Volunteer Fire Department to release any and all information of a confidential or privileges nature.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested.

Date

Signed

Requirements for Becoming a Probationary Volunteer

- 1 Applicant must be at least eighteen (18) years of age.
- 2 Applicant must be a citizen of the United States who has resided in the McCloud community full time for the past 6 months.
- 3 Applicant must submit a completed membership application.
- 4 The fire department membership committee must approve applicant.

Membership Requirements for all Members

To be classified as a member in good standing of the McCloud Volunteer Fire Department, a member must meet or exceed the following requirements;

- 1 Training (36 hours minimal annually)
- 2 Required Medical Training to include
 - AED Operation
 - CPR Certification
 - First Aid or First Responder or EMT or Paramedic
 - Blood Borne Pathogen training
- 3 Fire Training to include
 - Incident Command Fundamentals (I-100, I-200 and so on dependent upon position held within the department.)
 - FF 1 Training
 - Wildland Fire Training
- 4 Required Training
 - Vehicle Driver Training Fundamentals
- 5 Respond to a minimum 20% of emergency calls annually
- 6 Attend a minimum of 8 general membership meetings annually or have documented excused absence
- 7 Shots Required
 - Hepatitis B or sign waiver
 - Tetanus or sign waiver

Members failing to meet requirements are to be re-mediated by the membership committee with notice and recommendation given at the next officers meeting. Follow up re-mediation to be held after 3 months.

Requirements for all Potential Members

Within/during the 6-month probationary period new recruits must;

- 1 Attend 100% of Meetings
- 2 Attend 100% of Trainings
- 3 Maintain 80% response to calls
- 4 Complete First Aid/CPR and AED Certification.

Potential members must become familiar with:

- 1 Fire Department Bylaws
- 2 Communication Equipment and Use
- 3 Basic Scene Safety policies
- 4 Pre and Post Run Checks and Clean-Up
- 5 Equipment and it's placement on the vehicles and in station
- 6 Use and location of medical supplies in station and on vehicles
- 7 Fire apparatus operation

New Recruits must show;

- 1 Professionalism in station, on scene, in training, or at any time while representing the McCloud Volunteer Fire Department.
- 2 The ability to take and follow orders.
- 3 Respect for officers, members, other departments and the general public while representing the McCloud Volunteer Fire Department.
- 4 The ability to follow the chain of command.
- 5 Willingness to do what is required of all members to maintain good standing with the McCloud Volunteer Fire Department policies, procedures, and guidelines.
- 6 Ability and desire to learn.
- 7 The ability to work safely and effectively.
- 8 Ability to refrain from inappropriate conversation while on scene or in training.
- 9 The ability to be of a benefit to the department and community.

Grounds for Rejection of Application

The membership shall be the sole judge of the qualifications of applicants for membership status. If the membership committee determines that an applicant is not suitable to fill the position applied for, the applicant shall be denied further consideration.

The membership committee when making its determination may consider the following factors, provided that any factor or combination of factors will be viewed on a case-by-case basis in the context of which the applicant has applied:

- 1 Failure to pass any examination or comply with procedures established for such application.
- 2 Falsification or omission of information requested on application; failure to supply proper documentation when requested.
- 3 Solicitation or attempted solicitation, in connection with application, or preferential treatment from any member of the board or directors of the McCloud Volunteer Fire Department.
- 4 Violation, as determined by the McCloud Volunteer Fire Department policy and procedures, rules or regulations.
- 5 Documented addiction to the habitual use of drugs, narcotics or intoxicating beverages
- 6 Must be voted in by the general membership of the Department

Conduct or character of the applicant including:

- 1 Conviction of a felony or misdemeanor offenses.
- 2 Instance of conduct demonstrating undesirable or dangerous behavioral pattern.
- 3 Nature of conduct/ behavior pattern (e.g., violence/dishonesty/instability).
- 4 Penalty, if any, imposed by court or administrative body for such conduct.
- 5 Extent of applicant's culpability in conduct/degree of participation.
- 6 Extenuating circumstances.
- 7 Time lapsed since conviction/behavior pattern established.
- 8 Age of applicant when conduct occurred.
- 9 Extent or likelihood of rehabilitation.

Chain of Command

McCloud Volunteer Fire Department Officers

Chief
Steve Boone

Assistant Chief

Fire Apparatus Captain

Rescue / EMS Captain

Fire Apparatus Lieutenant

Rescue Lieutenant

Fire Apparatus Lieutenant

EMS Lieutenant

MCSO Board Members

President: Cathy Young
Vice President: Chuck Ott
Director: Raymond Zanni
Director: Michael Rorke
Director: Terry Hitchcock

MCSO Staff

Secretary: Teryl Smith
Finance Officer: Michael Quinn
General Manager: Kimberly Paul

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CANDIDATE NAME: _____

PREVIOUS MEMBER? Y/N DATE(S) OF SERVICE: _____

MEMBER OF EXPLORER PROGRAM? Y/N START DATE: _____

PROBATIONARY FORMER EXPLORER? Y/N

DATE SUBMITTED: _____ FAVORABLE REFERRAL Y N

DATE PRELIMINARY VOTE TAKEN: _____ RESULTS Y N

APPLICANT NOTIFIED BY: _____

1ST QUARTER RECOMMENDATION: _____

2ND QUARTER RECOMMENDATION: _____

3RD QUARTER RECOMMENDATION: _____

4TH QUARTER RECOMMENDATION: _____

FINAL VOTE: Y N DATE VOTE TAKEN: _____

CERTIFICATION OF VOTE: _____

PRELIMINARY DATE: _____

FINAL DATE: _____

DATE MEMBER TERMINATED / QUIT / RETIRED: _____

REASON: _____