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**Klamath County Fire District #4**  
**4041 Balsam Drive**  
**Klamath Falls, Or 97601**  
**541-884-1670**

**Chief Interview:** To become a volunteer at KCFD #4 you need to complete several tasks.

1. KCFD #4 requires a Drivers license and copy of your driving record for the past 3 years.
2. You will need to provide proof of automobile insurance.
3. You may be subject to random/for cause drug screening while a member at KCFD#4.
4. You will need to read the Bylaws and SOG's.
5. Your application needs to be notarized for your criminal background check and medical records.
6. You will need to get a drug screen at Basin Immediate care and pay for it yourself before being voted on. You will be reimbursed after getting off probation upon request.
7. Turn in all required paperwork and your application. During this time you are encouraged to attend all meetings and training sessions.
8. You will be required to participate in a physical agility evaluation.
9. Can you perform the functions of a firefighter: (lifting over 50 lbs, carrying, dragging, walking up and down hill, standing for long periods of time, extreme weather conditions)
10. Is there anything in your past, personal or otherwise that would negatively affect your membership at KCFD#4.

**Voting Process:**

1. Your application will be read at the first business meeting after you application has been received. Business meetings are the 2<sup>nd</sup> Tuesday of each month at 6:30 p.m.
2. Your application will be read for a second time at the next business meeting. It takes majority of members voting yes to be accepted.
3. You will be accepted pending your Physical agility test.

**Probationary Process:**

1. KCFD #4 has a mandatory 12 month probationary period for all new members.
2. During this time you will be required to obtain the following qualifications:
  - a. Entry level Firefighter
  - b. First aid and American Heart Health Care Provider CPR
  - c. Haz-Mat awareness and operations
  - d. Confined Space entrant and attendant
  - e. KCFD #4 orientation and exam
  - f. Read Bylaws and SOG's
  - g. TB Test and completed HEP B series
  - h. Pulmonary Function Test (PFT)

**Getting Off Probation:**

1. The Chief and the membership committee will evaluate your attendance and response.
2. Your certifications will be checked to ensure that you have completed the minimum standards for becoming a firefighter.
3. Recommendation:
  - a. Membership committee gives recommendation to the Chief
4. Failure to be removed from probation is a possible cause for dismissal.
5. Probation can only be extended for special circumstances approved by the Chief.

You will be responsible for notifying the Fire Chief or Secretary of any change of medical/ODL/criminal status immediately.

Chief Signature: \_\_\_\_\_ Date

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**Volunteer Application**

Please print in Ink. If additional space is required, attach a separate sheet of paper.

**Contact Info:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Have you used any other name? \_\_\_yes\_\_\_ No If so, Name used \_\_\_\_\_  
Length of Time at Present Address      Years \_\_\_\_\_ Months \_\_\_\_\_

**Employment Information:**

Present Employer \_\_\_\_\_  
Position \_\_\_\_\_  
Length of Employment    Years \_\_\_\_\_ Months \_\_\_\_\_  
Normal Work Hours \_\_\_\_\_ Days Off \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Prior Experience:**

List any Fire or Medical Experience you have had \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Statement:**

Please write (longhand) why you wish to become a volunteer firefighter. \_\_\_\_\_  
\_\_\_\_\_  
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Are you able to attend Tuesday night trainings? \_\_\_\_\_ yes \_\_\_\_\_ no

I swear that the statements made by me in this application are true and accurate to the best of my knowledge. I further agree that if accepted, I will abide by the rules and regulations set forth by KCFD #4 Board of Directors, Chief, and The Volunteer Association. I understand that all equipment that is issued to me will remain the property of KCFD #4, and that I will be held liable if it is not returned when requested. I have read and understand the SOG's and Bylaws.

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Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

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Department Use only: Do not write below this line

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Physical Agility Test \_\_\_\_\_ Date completed \_\_\_\_\_

1<sup>st</sup> Reading \_\_\_\_\_ 2<sup>nd</sup> Reading \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fire Chief \_\_\_\_\_

Chief's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Started Probation \_\_\_\_\_

Date Eligible for FF \_\_\_\_\_

Membership committees recommendation Yes/No

Chief's Recommendation Yes/No

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Authorization to Release Information

To whom it may Concern:

I respectfully request and authorize you to furnish KCFD #4 with any and all information that you may have concerning me, my employment, educational records, my reputation, criminal background, and credit status. Please include all information of a confidential and personal nature, or photocopies of the same. My voluntary approval for this request and my cooperation upon receipt of this information will be used to assist KCFD#4 in determining my qualifications and fitness for the position I am seeking with KCFD #4.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

The following info is needed for DPSST/Insurance/Bio Med purposes

DOB \_\_\_\_\_ SSN \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Release of Criminal Background & Medical Records

I hereby authorize the release of any criminal background/medical records to KCFD #4 including mental records or reports that would have an effect on my serving as a volunteer firefighter including Emergency Medical Technician in Service to this Community.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to me on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of Oregon

My Commission Expires \_\_\_\_\_

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form for your records.

2/2/2016