

WHATCOM COUNTY FIRE DISTRICT NO. 11
Lummi Island Volunteer Fire Department
3809 Legoe Bay Road * P.O. Box 130 * Lummi Island, WA 98262
Phone: (360) 758-2411 Fax: (360) 758-2041 www.lummiislandfire.com

Lummi Island Fire Department

Whatcom County Fire District No. 11

Volunteer Application Packet

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Upon acceptance to LIFD, the fire department will provide you with:

- Initial Fire Department Orientation and Safety Training**
- CPR for Health Care Providers**
- Infectious Disease for Healthcare Providers**
- Emergency Vehicle Accident Prevention**
- Firefighter One**
- Hazardous Materials Operations**
- Emergency Medical training at the First Responder or Emergency Medical Technician Level**
- Series of shots for the prevention of HBV**
- Personal Protective Gear and Equipment and annual Fit Test for gear.**
- Annual TB Testing**
- Ongoing Fire and EMS Training**
- Insurance for responding to, during and from: emergencies and training operations**

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So, you want to run into situations when every "normal" person is running out?

The first question is are you ready? If you are willing to make a strong commitment and some personal sacrifices in the next few years the answer is yes. If not, you might want to rethink this application. Becoming a member of this department is not easy. Initial training is very cumbersome, it consists of the following: **32 hr** Emergency Vehicle Accident Prevention, **4 hr** Infectious Disease, **12 hr** CPR for Health Care Providers, **12 hr** Industrial First Aid, **16 hr** Hazardous Materials, **190 hr** Firefighter 1, **225 hr** Emergency Medical Technician. Once you get the initial certifications under your belt it becomes a maintenance thing. Currently our average call volume is about once a week so keeping your skills up requires a long-term commitment to training attendance.

Read this application thoroughly and carefully before completing. Fill out this application entirely. Place an "X" in the appropriate box when a YES/NO answer is asked. Only a "Hand printed or typed" application will be accepted. Filing a false statement is a crime and misrepresentation of any kind will be cause for dismissal and possible legal action. If you are accepted and subsequently it is discovered that an application was filed with errors, or a problem with information provided, is discovered, you may be suspended in the future. This department requires complete background checks including criminal and driver history before acceptance can be made. Enclosed are forms to be completed and signed, a History of Driving Record and Criminal History Information Check and Release of Information Authorization. Failure to do so will be considered an incomplete application and reason for rejection. Please include a photocopy of your current Washington State Driver's License and Social Security Card with this document.

After the application is submitted and a background check is completed, you will have an interview with the Chief. Another meeting will be held with you and your spouse or significant other so they understand the commitments you are making. Once the two interviews are completed, you will schedule a physical with Care Medical Group.

TB tests are required as well; these are provided to you at no cost through. You must fill out all the medical & respiratory forms provided in this packet and take them with you to your physical. The physician will review and complete these forms, they will either be returned to you to return to the district office or the physician may return them by mail.

Once you are accepted the department is required to provide the Hepatitis B Vaccination series to each member at no cost to the member. You have the right to decline the vaccination, but it strongly suggested that you accept the series. A declination form is included in this packet and you must sign it if you choose not to have the vaccination.

If you have any questions please contact the Chief who will be glad to answer to the best they can. Your community needs your help in times of crisis and with training and willingness you can be there to help them get through it. The Fire Department will work with you to get you trained and become a valuable asset to this community.

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Volunteer Firefighter

Job Description

RESPONSIBILITIES:

Operates or rides in an ambulance and fire vehicles to fire alarms and requests for pre-hospital emergency medical care; sets up and/or operates oxygen and auto-defibrillation equipment; administers pre-hospital emergency medical care to sick or injured patients. Places equipment, lays and connects hose, operates high-capacity pumps and directs water streams; raises, climbs and lowers ladders; uses chemical extinguishers, and uses self-contained breathing apparatus. Enters burning buildings as part of a fire suppression team. Performs ventilation tasks; carries heavy objects and equipment and carries others during rescue. Responds to hazardous material, rescue and other non-fire emergency incidents. Provides necessary support activities. Participates in training drills; attends training and departmental classes on fire fighting, hydraulics, first aid and emergency medical procedures, fire equipment and apparatus and other classes associated with recognized firefighter and EMS standards. Operates department equipment and apparatus; performs necessary maintenance, testing and care of fire hoses, trucks, ladders and auxiliary equipment and apparatus.

MINIMUM QUALIFICATIONS:

- High School diploma or GED equivalent.
- Ability to learn the necessary knowledge, skills, and abilities to perform the job.
- Working knowledge of driver safety.

REQUIREMENTS:

- Must be 18 years of age.
- Must possess a current Washington State Driver's license.
- No felony convictions or disqualifying criminal histories.
- Must be able to read and write the English language.
- Must be able to pass a department medical exam.

PHYSICAL DEMANDS:

The physical demands described here represent those that must be met by a firefighter to successfully perform the essential functions of the job:

- Stand, walk, run, swim, sit, climb, balance, stoop, kneel, crouch, crawl, talk, hear, taste or smell.
- Lift 50 pounds to chest; be able to move 100 pounds, be capable to crawl while carrying or lifting, and have the ability to steady one self and maintain balance to keep from falling.
- Must be capable of reaching (extend hands or arms in any direction); handling (seizing, holding, grasping, turning or otherwise working with the hands); fingering (picking, pinching or otherwise working with the fingers); and feeling (perceiving attributes of objects such as size, shape, temperature or texture by means of receptors in skin, particularly those of the fingertips).

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WORKING CONDITIONS:

Work is performed in the fire station and the surrounding district area, with required response time to emergencies as they occur. Firefighters are exposed to physically and mentally stressful situations, including trauma, illness, death, contagious diseases, cramped surroundings and contaminated environments. Work involves responding to emergency calls in inclement weather, with temperatures sufficiently low or high enough, to cause marked bodily discomfort/reactions. Frequent encounter with vibration/noise exceeding 80 decibels, constant or intermittent, may cause notable distraction or possible hearing loss. Limited visibility, exposure to hazardous or toxic chemicals and gases, smoke inhalation, exposure to burns and radiant energy, electrical shock, as well as subjection to blood borne and air borne pathogens may occur. Falling objects at incident scenes, hazards from equipment, traffic and working in high, confining or restrictive places may pose additional physical risks.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

NOTHING CONTAINED IN THESE JOB DESCRIPTIONS OR ANY OTHER WRITTEN POLICY OF THE DISTRICT IS INTENDED TO BE PART OF ANY EMPLOYMENT RELATIONSHIP OR CONTRACT. THESE JOB DESCRIPTIONS FOR THE DISTRICT OR ANY OTHER WRITTEN POLICY OF THE DISTRICT ARE MERELY STATEMENTS OF DISTRICT POLICY AND DO NOT AMOUNT TO PROMISES OF SPECIFIC TREATMENT. FURTHERMORE, THE DISTRICT RESERVES THE RIGHT TO MODIFY THE AFOREMENTIONED JOB DESCRIPTION AND DISTRICT POLICIES AT ANY TIME.

“Whatcom County Fire Protection District # 11 is an Equal Employment Opportunity agency. Decisions regarding selection, promotion and tenure shall be free from restrictions based on physical, cultural religious or other characteristics that are not directly related to the qualifications and ability of an individual to perform the requirements of the position.”

***NOTE:** You will be issued your own set of gear and equipment. If at any time you leave the department, you must return all issued equipment in person and be checked out and signed off by the Chief or his designate. You will be financially responsible for any equipment not returned.

I have read the above instructions and understand them. I have also read the job description and requirements of a volunteer firefighter attached with this application and believe that I qualify.

Signature: _____ **Date:** _____

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VOLUNTEER APPLICATION FOR EMPLOYMENT

Name _____ Date of Birth _____
Last First Middle Initial

Address _____
Street and PO Box City Zip Code

Previous Address: _____
Street and PO Box City Zip Code

Telephone: Home (_____) _____ - _____ Work (_____) _____ - _____

E Mail: _____

Marital Status: Single _____ Married _____ Number of dependents _____

United States Citizen? YES _____ NO _____ Social Security # _____

High School Diploma _____ Date _____ GED _____ Date _____

Collage/Tech School: _____

Do you have any specialized Knowledge, Training, Certifications, and / or Military Service?

Present Occupation: _____ Length of Employment: _____

Employer's Name: _____ Phone Number: _____

Address: _____

Previous Employment: _____

Last three (3) years: _____

Driver's License? YES _____ NO _____ Expiration Date: _____

Type of License: Regular _____ Intermediate _____ Combination _____

Driver's License Number: _____ State: _____

Have you ever had your driver's license revoked or suspended? YES _____ NO _____

If yes, please give reasons and dates: _____

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List any criminal offenses, traffic citations or infractions you have been convicted of: _____

List any physical/mental disabilities, injuries, or operations that may affect your performance as a member of the fire or emergency medical service? _____

Medical/First Aid Certification? YES _____ NO _____

Type and Level: _____ Expiration Date: _____

Previous firefighting experience? YES _____ NO _____ From _____ To _____

Department Name: _____ Phone (_____) _____ - _____

Address: _____

List three (3) personal references, not related to you.

	NAME	HOME ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

How long have you lived on Lummi Island? _____

How long do you intend to live on Lummi Island? _____

Physician _____ Phone # () _____ - _____

Address _____

Dentist _____ Phone # () _____ - _____

Address _____

Allergies: _____

Medications: _____

I hereby certify that all statements made in this application form or in any attachments are true and complete to the best of my knowledge, and I understand that any false or misstatements of material facts may subject me to disqualification or dismissal.

Signature: _____ Date: _____

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I _____, of my own free will and accord, in the presence of these witnesses, do hereby promise and swear that I will attend the minimum requirements for training; answer all Department Alarms or Calls if in my power to do so; I will obey all orders given by the Chief or any other officer; I will follow the Departments Standard Operating Guidelines (S.O.G.'s) That I do my utmost to guard the lives and property of this community, and be ever watchful of the dangers confronting my fellow firefighters. To this I pledge to the best of my ability.

Signed, _____ Date _____

Witnessed by _____ Date _____

Witnessed by _____ Date _____

I understand there can be serious consequences if I do not follow the guidelines or properly execute orders given, including disciplinary action that may result in termination. _____ (Initials)

I authorize Whatcom County Fire District # 11 to have a criminal background check done on me and perform any other background checks as deemed necessary. _____ (Initials)

I authorize Whatcom County Fire District # 11 to have my driving record researched. _____ (Initials)

I understand that I must successfully complete a physical exam prior to acceptance. _____ (Initials)

I understand that I must successfully complete a Fire Fighter Recruit Academy or equivalent and Emergency Medical Technician (EMT) class. _____ (Initials)

I understand that Whatcom County Fire District # 11 will reimburse me for the Recruit Academy, and the Emergency Medical Technician class upon successful completion. _____ (Initials)

I understand that I can attend all the training offered to me and request more. _____ (Initials)

FOR DEPARTMENTAL USE ONLY

Accepted for membership Date: _____ Personnel No. _____

Rejected for membership. Why? _____

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Authorization to Release Information

I _____ authorize you to furnish Whatcom County Fire District # 11 with any and all information that you have concerning me, my work record, my reputation, my medical records, and my military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the LUMMI ISLAND FIRE DEPARTMENT in determining my qualifications and fitness for a position I am seeking with the LUMMI ISLAND FIRE DEPARTMENT.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights with the understanding that information furnished will be used by the Lummi Island Fire Department in conjunction with employment procedures.

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

Name (Print) Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____
Day Month Year

Notary Public in and for the State of Washington,

Residing in _____

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form or a photocopy for your file if you so desire.

HEPATITIS B (HBV) FORM

NAME: _____

I understand that due to the occupational exposure hazard to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. The Lummi Island Fire Department has given me the opportunity to be vaccinated with the Hepatitis B (HBV) vaccine, at no charge to myself. I understand that if declining this vaccine, I continue to be at risk of acquiring Hepatitis B, with full knowledge of the consequences and potential health Hazards associated with this disease. If, in the future I want to be vaccinated with the HBV vaccine, am still a member of The Lummi Island Fire Department and continue to be at risk I can receive the vaccination series at no charge to me.

YES, I ACCEPT

NO, I DECLINE

Signed: _____ DATE: _____

Witness: _____ DATE: _____

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Directions regarding Driver's Abstract and Background Checks

Dear Prospective Volunteer,

Here are some special instructions regarding Driver's Abstracts and Background Checks.

➤ **Driver's Abstract:**

- The completed form does not get mailed in. You need to bring it to the Department of Licensing which is located at 4180 Cordata Parkway, Suite A in Bellingham. The Driver's Abstract costs \$10, and bring your Abstract and the Receipt back to the department for Reimbursement.

➤ **Background Checks**

- Lummi Island Fire Department now asks that you acquire a Concealed Weapons Permit. A Concealed Weapons Permit can be acquired by going down to the Whatcom County Sheriff's Office which is located at 311 Grand Street in Bellingham. The hours for CWP's are as follows: Tuesday from 9:00 am to 11:30 am, and Thursday from 1:00 pm to 3:30. You will be fingerprinted and this process will take up to 30 days. The CWP cost is \$55.25. Bring the Permit and the Receipt back to the department for Reimbursement.

Reimbursements will be processed after membership to the department is approved by the Local Board of Volunteer Firefighters.

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SAMPLE EMT CLASS SCHEDULE

Date(s)	Day	Time	Course Area Topic	Components	Chapter	Skills
EMS 120 - EMT 1 - Fundamentals of Emergency Care						
9/9/2010	Thurs	6:30-9:30 pm	Program Orientation		NA	
9/11/2010	Sat.	8 am - 5 pm	Introduction	Historical Development of EMS	1	
9/11/2010	Sat.	8 am - 5 pm		Overview - National EMS Standards	1	
9/11/2010	Sat.	8 am - 5 pm	Preparatory	EMS Systems	1	
9/11/2010	Sat.	8 am - 5 pm		Research	1	
9/11/2010	Sat.	8 am - 5 pm		Workforce Safety and Wellness	2	All lifting and moving
9/14/2010	Tues.	6:30-9:30 pm		Documentation	4	Written Report
9/16/2010	Thurs.	6:30-9:30 pm		EMS System Communication	5	
9/16/2010	Thurs.	6:30-9:30 pm		Therapeutic Communication	5	
9/18/2010	Sat.	8 am - 5 pm		Medical/Legal and Ethics	3	
9/18/2010	Sat.	8 am - 5 pm		Anatomy and Physiology		7
9/21/2010	Tues.	6:30-9:30 pm	Medical Terminology		7	
9/23/2010	Thurs	6:30-9:30 pm	Pathophysiology		8	
9/25/2010	Sat.	8 am - 5 pm	Life Span Development		9	
9/25/2010	Sat.	8 am - 5 pm	Public Health			
9/25/2010	Sat.	8 am - 5 pm	Airway Management, Respirations and Artificial Ventilation	Airway Management, Respiration, Artificial Ventilation	10	
9/28/2010	Tues.	6:30-9:30 pm	Airway Skills Verification	Lab	10	All Airway skills
9/30/2010	Thurs.	6:30-9:30 pm	Assessment	Scene Size-up	12	

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10/2/2010	Sat.	8 am - 5 pm		Primary Assessment	13	
10/2/2010	Sat.	8 am - 5 pm		History Taking	13	
10/2/2010	Sat.	8 am - 5 pm		Secondary Assessment	13	
10/2/2010	Sat.	8 am - 5 pm		Monitoring Devices	11	
10/2/2010	Sat.	8 am - 5 pm		Reassessment	13	
10/5-10/07/10	Tues and Thurs	6:30-9:30 pm	Pharmacology & Med. Admin	Lecture, Demo and Lab	14	Proper use and administration of EMT administered drugs
10/9/2010	Sat.			Patient Assessment lab W/CPR/AED skills verification	10 thru 14	Patient assessment
10/10/2010	Sun.	7:30-8:30 or 8:30-9:30 am		ED Tour/Orientation		
10/12/2010	Tues	6:30-9:30 pm	Shock and Resuscitation		15	
10/14/2010	Thurs	6:30-9:30 pm	Written and Skills Exam		1 thru 15	Patient assessment, lifting, moving and pharmacology

EMS 121 - EMT 2 - Medical Disorders and Emergencies						
10/19/2010 thru 01/21/2011		Begin ED Clinical				
10/19/2010	Tues	6:30-9:30 pm	Medicine	Medical Overview	Class handout	
10/21/2010	Thurs	6:30-9:30 pm		Neurology	18	Demo/lab
10/26/2010	Tues	6:30-9:30 pm		Abdominal and Gastrointestinal Disorders	23	Demo/lab
10/28/2010	Thurs	6:30-9:30 pm		Immunology	Class handout	
10/30/2010	Sat.	8 am - 5 pm		Infectious Diseases	Class handout	
10/30/2010	Sat.	8 am - 5 pm		Endocrine Disorders	20	Demo/lab

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10/30/2010	Sat.	8 am - 5 pm		Psychiatric	26	Demo/lab
10/30/2010	Sat.	8 am - 5 pm		Non-Traumatic Musculoskeletal Disorders	Class handout	Demo/lab
11/2-11/4/10	Tues and Thurs	6:30-9:30 pm		Cardiovascular (skill drill on second night)	17	Demo/lab
11/6/2010	Sat.	8 am - 5 pm		Toxicology	22	
11/6/2010	Sat.	8 am - 5 pm		Genitourinary/Renal	23	Demo/lab
11/6/2010	Sat.	8 am - 5 pm		Gynecology	23	
11/9/2010	Tues.	6:30-9:30 pm		Hematology	23 and class handout	
11/16-11/18/10	Tues and Thurs	6:30-9:30 pm		Respiratory	16	Demo/lab
11/20/2010	Sat.	8 am - 5 pm		Medical Patient Lab		
11/23/2010	Tues	6:30-9:30 pm		Diseases of the Eyes, Ears, Nose & Throat	Class handout	
11/23/2010	Tues	6:30-9:30 pm		Review Critical Thinking	Class handout	
11/30/2010	Tues	6:30-9:30 pm		Environmental	24	Demo/lab
12/2/2010	Thurs	6:30-9:30 pm		Submersion and Diving	25	
12/4/2010	Sat.	8 am - 5 pm		Practical Skills LAB/Exam	16 - 26	Medical Pt. Assessment and TX skills
12/7/2010	Tues.	6:30-9:30 pm		Review of Written Exam/Grades		
EMS 122 - EMT 3 - Trauma and Special Circumstances						
12/11/2010	Sat.	8 am - 5 pm	Trauma			Trauma Overview
12/11/2010	Sat.	8 am - 5 pm		Bleeding	28	
12/11/2010	Sat.	8 am - 5 pm		Orthopedic Trauma	30	

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12/14-12/16/11	Tues and Thurs	6:30-9:30 pm		Soft Tissue Trauma (self-study assignments will be given on 12/16 for work over break)	28	Demo of all skills and lab
Holiday Break from 12/17 thru 01/03/11 - Next day of class is 01/04/2011						
1/4/2011	Tues	6:30-9:30 pm		Chest Trauma	34	
1/4/2011	Tues	6:30-9:30 pm		Abdominal & Genitourinary Trauma	35	
1/6/2011	Thurs.	6:30-9:30 pm		Environmental Traumatic Emergencies	Class handout	
1/6/2011	Thurs	6:30-9:30 pm		Multi-system Trauma	36	
1/8/2011	Sat.	8 am - 5 pm		Trauma Skills Lab		Trauma assessment and skills
1/11/2011	Tues.	6:30-9:30 pm		Head, Facial, Neck & Spine Trauma	31-33	
1/13/2011	Thurs.	6:30-9:30 pm	Special Patient Populations	Obstetrics	37	
1/15/2011	Sat.	8 am - 5 pm		Neonatal Care	37	
1/15/2011	Sat.	8 am - 5 pm		Pediatrics	38	
1/15/2011	Sat.	8 am - 5 pm		Special Patient Lab		Peds medical and trauma assessment and skills
1/18/2011	Tues.	6:30-9:30 pm		Geriatrics	39	
1/20/2011	Thurs.	6:30-9:30 pm		Patients w/Special Challenges	40	
1/20/2011	Thurs.	6:30-9:30 pm	EMS Operations	Principles of Safely Operating a Ground Ambulance	41	Tablet
1/22/2011	Sat.	8 am - 5 pm		Incident Management	44	Tabletop exercise
1/22/2011	Sat.	8 am - 5 pm		Multiple Casualty Incidents	44	Tabletop exercise
1/22/2011	Sat.	8 am - 5 pm		Air Medical	41	
1/22/2011	Sat.	8 am - 5 pm		Vehicle Extrication	42	

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		pm					
1/22/2011	Sat.	8 am - 5 pm			Hazardous Materials	43	Tabletop exercise
1/22/2011	Sat.	8 am - 5 pm			Terrorism and Disaster	45	Tabletop exercise
1/25 - 1/27/2011	Tues and Thurs	6:30-9:30 pm			Operations and Review Lab, ALS Assist Skills		Scenarios/ALS Demo
1/27/2011		Online	Capstone Exam		EMT Course - Written Exam		
1/29/2011	Sat.	8 am - 5 pm			Comprehensive Final Lab		ALL
2/1/2011	Tues	6:30-9:30 pm	Prep for NREMT		Register for NREMT exam and receive final grades/evaluations		