

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

Lummi Island Fire Department

Whatcom County Fire District No. 11

Volunteer Application Packet

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At no cost to you, upon acceptance to LIFD, the fire department shall provide you with:

- Initial Fire Department Orientation and Safety Training
- Training as agreed upon in the application.
- Additional training as agreed between employee & employer
- Series of shots for the prevention of HBV
- Annual TB Testing
- Initial Fit for Duty Physical Examination (an annual exam may be required in the future)
- Personal Protective Gear and Equipment and annual Fit Test for gear.
- Operations Manual (most recent edition and updates)
- 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 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 a cakewalk, it's the required training that usually is the big obstacle. 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 the skills up to snuff requires a long-term commitment to training attendance. Once you get in the habit it's not that difficult really. Enclosed in this packet you will find training requirements for all personnel and for the duties you can perform. Read through it carefully and give it consideration before you commit to the department.

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 will need to take it with you for your physical. Physicals are required as well as TB tests, these are provided to you at no cost the department's physician, Dr. Peter Ambrose, Whatcom Occupational Health (676-1693). If for personal reasons you wish to use your own physician the cost will be covered through the department **UP TO** the amount normally charged by Ambrose. You will have to have the physician fill out a form provided by us at that time for our records. You will be required to get the physical within 30 days after being accepted.

There are two types of background checks conducted. A history of Driving Record and a Criminal History Information Check. Enclosed are both forms to be completed and signed. Failure to do so will be considered an incomplete application and reason for rejection.

If you have any questions please contact the Chief and they 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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4. Personnel Guidelines

4.1 Application Guidelines

Anyone, who wishes to apply for membership to the department, and all current members of the department, must meet the following requirements:

1. Currently have resided within the district for at least six months, or be a resident homeowner within the district with an intent to remain in the district.
2. Applicants must be 18 years of age or older; have a valid Washington Driver's License in good standing, and have no criminal record other than traffic infractions. Applicants having misdemeanor criminal records may petition review by the Chief. Acceptance or denial of such applicants shall be at the sole discretion of the Chief.
3. Complete a membership application. All applicants must sign a waiver/ agreement allowing the department to inquire with applicable agencies as to their criminal, driving, and personal backgrounds.
4. Completion of a physical examination to be conducted by the department's physician at the department's expense.

4.2 Probation Guidelines

Probationary guidelines are designed to:

- properly orient new members toward department guidelines and procedures
- to aid in the completion of training requirements as quickly as possible
- to allow new members to become effective and safe firefighters as quickly as possible
- to eliminate those who are not committed to remaining a department member for the long term.

4.2a Probation Period

Probationary periods shall extend for a minimum of six months and a maximum of twelve months from the date of acceptance.

4.2b Suggested Requirements

Probationary shall maintain satisfactory attendance at training, meetings, calls and special events as scheduled. Minimum levels for training and meeting attendance shall be 80% during probation. Satisfactory attendance shall be established by the Assistant Chief, subject to the review and approval of the Chief.

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4.2c Suggested Probationary Restrictions

Probationary department members shall be assigned PPE upon acceptance of application by the Chief.

Probationers responding to calls prior to the completion of Required Training shall be paired with an **experienced** member at all times. No task or duty shall be assigned to a probationary firefighter without the direct supervision of an experienced firefighter.

If a probationary firefighter is unfamiliar with or in any way uncomfortable with any task, he is to advise an officer / supervisor immediately and refrain from performing the task.

No firefighter shall be granted permanent status without satisfactorily completing a probationary period. Certain elements of probation may be waived at the discretion of the Chief, based on the probationer's previous qualifications.

4.2d Suggested Training Requirements

To provide better services to the community, the most senior members and applicants with previous qualifications shall be allowed to specialize in either Firefighter or Emergency Medical Services only when a minimum of 18 combination Firefighter/ EMS personnel are active on the roster.

In the event that combination personnel is below the minimum, only applicants with existing Firefighter or EMS skills shall be allowed to specialize in their existing field.

4.2e Suggested Required Training for ALL Personnel

1. Complete an Emergency Vehicle Accident Prevention course which includes:
 - A minimum of 4 hours of driving time on the Apparatus most likely to be driven by the firefighter.
 - Driver training shall be conducted under the direct supervision of a driving coach appointed by the Assistant Chief. Driving time may be logged at times other than scheduled training nights.
 - At least 1 hour of additional supervised driver training shall be conducted on each remaining piece of apparatus.
 - Complete a driver's rodeo or rally course to the satisfaction of a designated driving coach.
2. Demonstrate the ability to operate within Incident Command System at ALL incidents. (Fire and EMS)
3. Demonstrate the ability to properly use radios and emergency alerting equipment including portable, mobile and base radios.

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4.2f Combination Fire /EMS Suggested Required Training

1. A minimum of 10 hours pump training with a designated coach encompassing operations of Engines 11- 51, 11- 61 and rescue 11- 13. This shall include standpipe/ hydrant operations and tank refill and Draughting.
2. Firefighter I
3. Selected objectives of NFPA 1001
4. EMS training level of First Responder
5. Complete Burn To Learn and Search and Rescue I at the Academy
6. Attend a minimum of 60% of all regular scheduled training and any special training or drill as specified by the Training Officer.

4.2g Specialized Firefighter Suggested Required Training

1. A minimum of 10 hours pump training with a designated coach encompassing operations of Engines 11- 51, 11- 61, and Rescue 11- 13. This shall include standpipe/ hydrant operations and tank refill and Draughting.
2. Firefighter I and II course (or Taskbook)
3. Complete industrial First Aid
4. Complete selected objectives of NFPA 1001
5. Obtain wildland Firefighter Red card.
6. Complete Level II instructor course (if and when available)
7. Complete ALL Washington State Fire Service Training Academy live fire training classes at the Academy outside of North Bend, WA.
8. Complete a Pump Engineers course if and when available.
9. EMS Operations overview and nomenclature.
10. Attend a minimum of 80% of all scheduled Fire Training and any special training or drill as specified by the Training Officer.

4.2h Specialized EMS Suggested Required Training

1. Complete EMT- B course
2. Complete Combi- tube course
3. Complete IV and Airway course
4. Complete EMS Instructor/ Evaluator course (if and when available)
5. Fireground operations overview and nomenclature.
6. Attend a minimum of 80% of all scheduled EMS training and any special training or drill as specified by the Training Officer.

4.2i Exemptions

- 4.3** Individual requirements may be waived at the sole discretion of the Chief. No firefighter shall be granted permanent status without satisfactorily completing a probationary period. Certain elements of probation may be waved at the discretion of the chief, based on the probationer's previous qualifications.

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VOLUNTEER APPLICATION FOR EMPLOYMENT

Please read this application carefully before completing. Fill in all required areas on the form. Place an "X" in the appropriate box when a YES/NO answer is asked. Only a "Hand printed or typed" application will be accepted.

Name _____ Date of Birth _____
Last First Middle Initial

Present Address _____
Street or PO Box City Zip Code

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

Marital Status: Single _____ Married _____ Number of dependents _____

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

Education History: High School Diploma _____ 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: _____

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

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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? _____

For emergency, Contact: _____ Phone # 1 () _____ - _____

Relationship _____ Phone # 2 () _____ - _____

Next of Kin _____ Phone # () _____ - _____

Address _____

Physician _____ Phone # () _____ - _____

Address _____

Dentist _____ Phone # () _____ - _____

Address _____

Allergies _____

Medications _____

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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: _____

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 No. 11 to have a criminal background check done on me. _____ (Initials)

I authorize Whatcom County Fire District No. 11 to have my driving record researched. _____ (Initials)

I understand that I must successfully complete a physical examination within 30 days after my acceptance. _____ (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. _____

Minimum Training: Combination _____ Firefighter _____ EMT+ _____

Rejected for membership. Why? _____

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Authorization to Release Information

I _____ authorize you to furnish the LUMMI ISLAND FIRE DEPARTMENT 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.

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HEPATITIS B (HBV) DECLINATION FORM

NAME: _____

I understand that due to my occupational exposure 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. However, I decline this series of shots at this time. I understand that by 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.

Signed: _____ DATE: _____

Witness: _____ DATE: _____