



North Lincoln Fire & Rescue District #1

PO Box 200, Lincoln City, OR 97367
541-996-2233 (Office) / 541-996-5344 (Fax)
Website: www.nlfr.org

We're glad you have a desire to become a Volunteer Firefighter with North Lincoln Fire & Rescue District #1.

Complete the application as completely as you can. Please print clearly. If you need more space, use the back.

What's next?

After your application is reviewed for completeness, our Training Chief will talk with you for a few minutes. Our Human Resources Department will do a background check to verify your employment and talk with your personal references. Your driving record will be checked with Oregon DMV.

After your background check is complete and clear, a firefighter physical (including a drug test) will be scheduled for you in Lincoln City. We will contact you with the date and time. When the results are received and clear, you will be scheduled for an Essential Functions Test, also in Lincoln City. Upon receipt of these results, if passed, we will contact you to come to the office to complete New Volunteer Paperwork. A baseline hearing test will then be scheduled.

If you have any questions regarding the process, please let us know.



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VOLUNTEER BENEFITS

Uniforms provided at no cost

Firefighter Shift Stipends to Qualified Volunteers

Membership with Oregon Volunteer Firefighters Association

\$4000.00 AD&D Benefit at no cost

Length of Service Awards Program (LOSAP)

Up to \$3,600 per year contribution to your LOSAP account, based on your level of activity with the District. Contributions are calculated quarterly. Volunteers are vested after two years.

Workers Compensation

Although Oregon state law does not require us to provide workers compensation for our volunteers, North Lincoln Fire & Rescue does have this coverage for all volunteers. If an injury/illness is accepted, medical bills will be paid by our workers compensation provider.

Provident Accidental Death and Dismemberment (AD&D)

This 24-hour accident insurance is provided to all members of North Lincoln Fire & Rescue District #1 and includes death benefits, impairment benefits, income protection, and family assistance. Benefits are up to \$150,000.

Ambulance Memberships

Membership is provided for ground ambulance (through Pacific West Ambulance) and air ambulance (through Life Flight). Both memberships are available at no cost to all Volunteers.

Public Safety Employee Assistance Program (EAP)

This benefit is provided at no cost for all District members. Confidential, free professional assistance is available to you and your family members. Public Safety EAP is a confidential counseling and support service staffed by trained professionals 24 hours a day to assist public safety personnel and their families. Counseling benefits, work/life benefits, public safety resource centers, self-help resources, lifestyle benefits, career development and training benefits, peak performance coaching.

Annual Awards Banquet

All District members and a guest are invited to this annual event where a delicious meal is served and volunteers/employees are recognized with awards, raffle drawings, etc. This event is usually held in February or March.

Educational Reimbursement

EMR, EMT, or Fire Service classes and Recertification fees.

Fitness Program

Membership at Community Center for Volunteers.



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Volunteer Application

Qualified applicants are considered for membership without regard to age, race, color, religion, sex, national origin, sexual orientation, veteran status, or any other legally protected status or characteristic.

Position/Areas of Interest: **Why do you want to be a volunteer with North Lincoln Fire & Rescue?**

Firefighter

Water Rescue

EMS

Support

Today's Date: _____

PLEASE PRINT / FILL OUT COMPLETELY

_____	_____	_____	_____
Last Name	First Name	Middle Name	(Maiden Name)
_____		_____	
Street Address		Mailing Address, if different	

_____	_____	_____	_____
City	State	Zip Code	

_____	_____	_____	
Home Phone	Cell Phone	Email Address	

How did you learn that North Lincoln Fire & Rescue is looking for volunteer applicants?

<input type="checkbox"/> Referred by current volunteer or employee <input type="checkbox"/> Recruitment ad on the radio <input type="checkbox"/> Recruitment ad on a billboard <input type="checkbox"/> Recruitment ad in the newspaper <input type="checkbox"/> Article in the newspaper <input type="checkbox"/> Other (please specify) _____	How many years do you think you will be able to volunteer for North Lincoln Fire & Rescue? _____
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CURRENT EMPLOYER INFORMATION

Current Employer: _____ Supervisor's Name: _____

Mailing Address: _____

_____	_____	_____	_____
Street Address or PO Box	City	State	Zip

Phone: _____ Job Title: _____

Length of Employment (start & end dates): _____

May we contact this employer for a reference? Yes _____ No _____

If more than one current employer, use a separate sheet of paper.

PAST EMPLOYMENT HISTORY

List employers for the past five (5) years and provide a contact name and phone number. Use a separate page if necessary.

(1) Past Employer: _____ Supervisor's Name: _____

Mailing Address: _____
Street Address or PO Box City State Zip

Phone: _____ Job Title: _____

Length of Employment (start & end date): _____

May we contact this employer for a reference? Yes ___ No ___ Reason for Leaving: _____

(2) Past Employer: _____ Supervisor's Name: _____

Mailing Address: _____
Street Address or PO Box City State Zip

Phone: _____ Job Title: _____

Length of Employment (start & end date): _____

May we contact this employer for a reference? Yes ___ No ___ Reason for Leaving: _____

(3) Past Employer: _____ Supervisor's Name: _____

Mailing Address: _____
Street Address or PO Box City State Zip

Phone: _____ Job Title: _____

Length of Employment (start & end date): _____

May we contact this employer for a reference? Yes ___ No ___ Reason for Leaving: _____

(4) Past Employer: _____ Supervisor's Name: _____

Mailing Address: _____
Street Address or PO Box City State Zip

Phone: _____ Job Title: _____

Length of Employment (start & end date): _____

May we contact this employer for a reference? Yes ___ No ___ Reason for Leaving: _____

PERSONAL REFERENCES

Please list 3 individuals other than relatives or supervisors, who have known you for more than one year.

Last Name	First Name	Phone	Relationship – how long?
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Last Name	First Name	Phone	Relationship – how long?
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Last Name	First Name	Phone	Relationship – how long?
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GENERAL INFORMATION

Please describe any skills or specialized training you bring with you: _____

EDUCATION HISTORY

High School: _____ Location: _____ Diploma or GED? Yes ___ No ___

College Name Location Dates – From/To Major, Degree or Certificate

FIRE SERVICE / EMERGENCY MEDICAL SERVICE AGENCIES

Please list all Fire Service or Emergency Medical Service agencies you have worked or volunteered for in the past. Use a separate page if necessary. Please provide the reason for leaving each agency.

(1) Agency & Location: _____

Job Title: _____ Dates: _____

Supervisor: _____ Reason for Leaving: _____

(2) Agency & Location: _____

Job Title: _____ Dates: _____

Supervisor: _____ Reason for Leaving: _____

Please provide a copy of any Fire Service/EMT Certifications or training records.

MILITARY SERVICE

Please list any military service, including dates: _____

Please provide a copy of your DD214 for any military service.

DRIVING HISTORY

DRIVING RECORD:

List any and all driving citations or chargeable accidents you have had within the last five (5) years.

If none, mark N/A _____

Date Type of Citation/Accident Name & Location of Court

PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL & SIGN BELOW

By my signature below, I certify that my 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 or my status as a member of North Lincoln Fire & Rescue District #1 may be terminated. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications for membership.

Release and Authorization for Perpetual Use of Name, Image, Likeness and Voice; Intellectual Property and Copyright Assignment

If appointed as a volunteer, I hereby consent to and authorize the use of my name, image, likeness, and voice, in whatever form recorded, reproduced or depicted, by North Lincoln Fire & Rescue District #1, for any purpose, including, but not limited to: recruitment, public relations, advertising, fundraising, education and training. This release and authorization shall be perpetual and shall apply during and after my tenure as a volunteer. I understand that news media (radio, television, magazine, newspaper, webcasts, blogs, etc.) capture candid images at events at which personnel may be present and reproduce and/or publish these images. I further assign all copyright, trademark, or other intellectual property rights I may have in any materials which I may create for North Lincoln Fire & Rescue District #1. I understand that I will not receive any financial compensation for any of the above-described uses of my name, image, likeness or voice, or for any copyright, trademark or intellectual property assigned by this paragraph.

Applicant Initials _____

Physical Exam & Medical Records Release Waiver and Records Authorization

In connection with my application, I understand that if North Lincoln Fire & Rescue District #1 makes me an offer of appointment to volunteer status (except for some support service positions), the offer is contingent upon my passing a pre-appointment physical examination, including a drug screening exam and physical exam related to the volunteer position for which I am applying, and I consent to such examination. I consent to releasing any medical information as may be deemed necessary by North Lincoln Fire & Rescue District #1, making the contingent offer of appointment to enable them to judge my capability to perform the essential job functions of the position for which I am applying. Further, I grant permission to North Lincoln Fire & Rescue District #1 to demand at any time a drug and/or alcohol screening while I am in the capacity of a volunteer for the District.

Applicant Initials _____

I understand that this application will be kept on file from the date received (as listed below) and that it is my responsibility to update this application or re-apply as needed.

I HAVE READ, UNDERSTAND, AND AGREE WITH THE ABOVE.

Printed Name Date

Signature Date

Witness Signature Date

A photographic copy or facsimile of this document shall be valid for all purposes present and future.
This release will be kept on file for the duration of membership.

Qualified applicants are considered for membership without regard to age, race, color, religion, sex, national origin, sexual orientation, veteran status, or any other legally protected status or characteristic.

PERMISSION TO PROCURE AN INVESTIGATIVE REPORT

Please print legibly your name as it appears on your driver's license.

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS

CITY STATE ZIP

Please list any other names used and dates of name change during the last ten (10) years, including changes by marriage, and maiden name.

FULL NAME DATE

FULL NAME DATE

FULL NAME DATE

DATE OF BIRTH: SOCIAL SECURITY NUMBER:

DRIVER'S LICENSE NUMBER: STATE:

RESIDENCES: Please list residences in the last ten (10) years:

State City Address Years to
State City Address Years to
State City Address Years to
State City Address Years to

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION:

In connection with my application, I understand that an investigation report may be requested which may include my court records, both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, education, experience, work habits, and reason for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment and/or application for volunteer with North Lincoln Fire & Rescue District #1 to obtain an investigative report. I hereby release and discharge North Lincoln Fire & Rescue District #1 (their employees, agents, volunteers, and any individual or agency obtaining information for them) for any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or the disclosure of information in connection with this background investigation I hereby agree that a photographic copy of telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand, and agree with the above.

Printed Name:

Signature: Date:

Printed Witness Name:

Witness Signature: Date:

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**NORTH LINCOLN FIRE & RESCUE DISTRICT #1
ALCOHOL/DRUG TEST CONSENT FORM**

EMPLOYER: If applicable, state objective facts giving rise to the belief that the employee or volunteer is under the influence of alcohol or a controlled substance: _____

I, _____, pursuant to a request by my appointing authority or as a condition of employment/volunteer service with the North Lincoln Fire & Rescue District #1 (NLF&R), hereby give my consent to and authorize NLF&R and the testing laboratory designated by NLF&R to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs (**Employer: circle one or both**) in my urine, blood, or breath as specified by statute and regulation.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to individuals within NLF&R who, pursuant to statute or regulation, have a need to know of the alcohol and drug testing results and to the use of all such reports or other medical information by NLF&R in its assessment of my employment/volunteer service application and/or employment status. I understand the results of the test may not be used in any criminal proceeding.

I understand that:

The appointing authority may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours. **Please list all lawful prescription drugs:**

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice and at my (employee's/volunteer's) expense, when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the sample must be forwarded to me by the appointing authority of NLF&R.

I have the right to request the presence of a representative to witness the test. The test may not be delayed unreasonably in order to wait for a representative.

I understand that I have the opportunity to explain a confirmed positive test for a controlled substance and/or a positive test for alcohol.

I acknowledge that I have received a copy of the NLF&R Policy 8.7.L.

A positive test for illegal drugs, or my refusal to authorize the test(s) by signing this form, take the specified test(s) or produce a specimen, may result in the following action:

Applicants – Rejection of my employment application for public safety related positions for one year or until I demonstrate I have successfully completed a substance abuse treatment program.

Volunteers/Employees – Referral to an Employee Assistance Program and/or disciplinary action up to and including termination in accordance with statute and regulations of the State of Oregon.

Applicant/Employee/Volunteer Signature

Date

Fire Chief's Signature if employee/volunteer refuses to sign

Date

Witness Signature if employee/volunteer refuses to sign

Date

cc: North Lincoln Fire & Rescue Copy
Employee/Volunteer/Applicant Copy