



**SAUVIE ISLAND FIRE DISTRICT
VOLUNTEER APPLICATION**

Please check those interested in.

Firefighter

EMS

Support

NAME _____ Social Security # _____-_____-_____

ADDRESS _____
(Street) (City) (Zip Code)

HOW LONG AT THIS ADDRESS? _____

HOME PHONE _____ WORK PHONE _____

OTHER CONTACT NUMBERS (Pager, cell, e-mail) _____

Date of Birth _____

VALID OREGON DRIVER'S LICENSE: No Yes Number _____

LIST WORK HISTORY FOR PAST THREE YEARS (Please include supervisor name and phone)

PLEASE LIST EXPERIENCE/EDUCATION WITH FIRE DEPARTMENTS

WILL YOUR EMPLOYER RELEASE YOU TO RESPOND TO EMERGENCIES (if applicable)?

Yes No

EMPLOYED BY: _____

TIME OF DAY AVAILABLE TO RESPOND TO ALARMS (check all that apply)

Any time Weekends Evenings Weekdays Other _____

LIST THREE PERSONAL REFERENCES (Including address and phone number)
(Do not list relatives):

WHY DO YOU WANT TO BE A VOLUNTEER FOR SAUVIE ISLAND FIRE DISTRICT?

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR DISMISSAL FROM THE SAUVIE ISLAND FIRE DISTRICT VOLUNTEER PROGRAM.

APPLICANTS SIGNATURE _____

DATE _____

PLEASE RETURN COMPLETED APPLICATION TO:

**In person or mail: SAUVIE ISLAND FIRE DISTRICT
18342 NW SAUVIE ISLAND RD
PORTLAND, OR 97231**

Email: applications@sifire.org

Sauvie Island Fire District anticipates conducting Volunteer Orientations during each quarter of the year. The number of applicants accepted into each academy varies with the number of vacancies.

EQUAL OPPORTUNITY EMPLOYER