



**Yamhill Fire Protection District**  
PO Box 249 – 275 South Olive St.  
Yamhill, Oregon 97148-0249  
Phone: (503) 662-4653  
Fax: (503) 662-3740  
<http://www.yamhillfpd.org>

*Serving the people of the Yamhill Fire Protection District since 1896*

## Application for Volunteer Firefighter/EMS

### General Information

\_\_\_\_\_

**Last Name**

**First**

**Middle**

**Mailing Address** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**SS#** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Height** \_\_\_\_ **Weight** \_\_\_\_ **Hair Color** \_\_\_\_ **Eye Color** \_\_\_\_

**Are you over 16 years and under 70 years?** YES \_\_\_\_ NO \_\_\_\_

**How long at present address?** \_\_\_\_ **Years** \_\_\_\_ **Months**

**Marital Status** \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

**# of Children** \_\_\_\_\_

**Are you related to a Member of the Yamhill Fire Protection District** YES \_\_\_\_ NO \_\_\_\_

**Referred By** \_\_\_\_\_

**Do you have a valid Oregon Drivers License?** YES \_\_\_\_ NO \_\_\_\_ **License #** \_\_\_\_\_

**Do you have a Commercial Drivers License?** YES \_\_\_\_ NO \_\_\_\_ **License #** \_\_\_\_\_

**Have you ever been convicted for anything other than minor traffic violation?** YES \_\_\_\_ NO \_\_\_\_

**If YES, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Service** \_\_\_\_\_

**Type of Discharge** \_\_\_\_\_

**EMR Certified** YES \_\_\_\_ NO \_\_\_\_ **Certificate #** \_\_\_\_\_

EMT Certified YES \_\_\_\_\_ NO \_\_\_\_\_ Level \_\_\_\_\_ Certificate # \_\_\_\_\_

Do you have any Fire Certifications (if so please list)

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**Physical Record**

Date of last Physical Exam \_\_\_\_\_ Have you ever had a Major Injury YES \_\_\_ NO \_\_\_

Details of injury(s)

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Physical Impairments: Hearing \_\_\_ Vision \_\_\_ Speech \_\_\_ Other \_\_\_\_\_

Known Diseases: Heart Disease \_\_\_ Epilepsy \_\_\_ Emphysema \_\_\_

Oregon Administrative Rule 437-151-015 states: The employer shall not permit an employee with known heart disease, epilepsy, or emphysema to participate in activities at the emergency scene unless a physician's certificate of the employee's fitness to participate in such activities is provided. This shall not limit the employee's ability to assign personnel to support activities (vs. fire suppression activities).

Work loss due to illness in last 2 years \_\_\_\_\_

Length of Hospitalization in last 2 years \_\_\_\_\_

The Fire Service places great physical demands and requires you to carry, lift, climb, crawl, stoop and bend. Do you have any physical limitations that would prevent you from performing these duties?  
YES \_\_\_ NO \_\_\_

If YES, please explain:

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**Education**

Highest Grade Completed \_\_\_\_\_ Diploma or Degree \_\_\_\_\_ If College: Major \_\_\_\_\_

Name and Address of School

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**List any Firefighting or First Aid Experience or Training**

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**Any Hobbies or Activities**

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**Employment History**

List below your last four (4) employers, starting with present or most recent.

From	To	Employer Name, Address & Phone	Reason for Leaving

**References**

Give the names of three people, not related to you, whom you have known over one year.

Name	Address	Phone	Business	Years Known

Briefly explain why you would like to become a volunteer of the Yamhill Fire Protection District:

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By signing below, I understand that I authorize investigation of all information contained in this application and I understand that misrepresentation or omission of facts called for is cause for immediate dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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This Section for Office Use Only

Interviewed By \_\_\_\_\_

Date \_\_\_\_\_

Remarks \_\_\_\_\_

Application Accepted & Complete: Date \_\_\_\_\_  Passed  Failed

Background Check: Date \_\_\_\_\_  Passed  Failed

District Insurance Check: Date \_\_\_\_\_  Passed  Failed

Two Months Probation by Officers: Date \_\_\_\_\_  Passed  Failed

Four Months Probation by Officers: Date \_\_\_\_\_  Passed  Failed

Six Months Probation By Officers: Date \_\_\_\_\_  Passed  Failed

Permanent Membership by Officers: Date \_\_\_\_\_  Passed  Failed





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## CRIMINAL HISTORY VERIFICATION FORM

Please type or print clearly  
As Appears on License

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last, First Middle MM/DD/YY

List Other Names Previously Used: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver License/Identification Card No: \_\_\_\_\_

*Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number, the Yamhill Police Department will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.*

Address: \_\_\_\_\_  
Full Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

A. Have you **EVER** been convicted of a sex-related crime?  Yes  No

If yes, was the conviction in Oregon or another state? (Please specify If another state.) State: \_\_\_\_\_

If yes, did the crime involve force or minors?  Yes  No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence?  Yes  No

If yes, was the conviction in Oregon or another state? (Please specify If another state.) State: \_\_\_\_\_

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages?  Yes  No

If yes, was the conviction in Oregon or another state? (Please specify If another state.) State: \_\_\_\_\_

D. Have you **EVER** been convicted of any other crime except a minor traffic violation? (Including Traffic Crimes)  Yes  No

E. Have you ever been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal?  Yes  No

**Advisory:** A check of the applicant's criminal history will be made by the Yamhill Police Department to verify the responses to the preceding questions.

I hereby grant to the Yamhill Police Department permission to check civil or criminal records including DMV and any local and national databases to verify any statement made on this form. The applicant is entitled to review his/her criminal history for inaccurate information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I agree to hold harmless from any liability (suit, claim or other legal action) any person or organization supplying such information to the Yamhill Police Department.

I acknowledge reading and the receipt of this notice.

Applicant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_