



SANTA CRUZ COUNTY FIRE DEPARTMENT

Chief Nate Armstrong

6059 Highway 9, Felton, CA 95018 | (831) 335-5353 | FAX (831) 335-4053 | TDD:(831) 454-2123

VOLUNTEER ENGINEER APPLICATION

DATE SUBMITTED:	
VOLUNTEER NAME:	
COMPANY NUMBER:	

INSTRUCTIONS:

- PRINT or TYPE the requested information on this application.
- DO NOT LEAVE ANY SPACES BLANK.
- Attach copies of the required certificates.

REQUIRED CERTIFICATIONS

VOLUNTEER CERTIFICATION:

DATE COMPLETED

<input type="checkbox"/> 6 months experience as a <i>VOLUNTEER DRIVER</i> in good standing.	
<input type="checkbox"/> SFM Driver Operator 1B	
<input type="checkbox"/> Volunteer Engineer Training Task Log (20 hours of driving beyond <i>DRIVER</i> log minimum)	
<input type="checkbox"/> S-230/S-231 Engine Boss	
<input type="checkbox"/> Commanding the Initial Response or SFM Fire Command 1A or Company Officer 2D	
<input type="checkbox"/> SMF or NWCG ICS 300	
<input type="checkbox"/> Copy of current Class C with Firefighter Endorsement or Class B License or greater.	
<input type="checkbox"/> Successful completion of written and manipulative skills exercise	

I CERTIFY THAT I HAVE PROVIDED TRUE AND COMPLETE INFORMATION ON THIS APPLICATION. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MAY RESULT IN DISMISSAL AS A VOLUNTEER FIREFIGHTER FROM THE SANTA CRUZ COUNTY FIRE DEPARTMENT.

VOLUNTEER SIGNATURE: _____ DATE: _____

TRAINING CHIEF VERIFICATION:

I CERTIFY THE ABOVE STATED TRAINING HAS BEEN COMPLETED AND I HAVE VERIFIED ALL REQUIRED DOCUMENTATION.

TRAINING CHIEF NAME: _____ SIGNATURE: _____ DATE: _____

APPROVING SIGNATURES:

THE SIGNATURES BELOW ARE APPROVAL AND CONFIRMATION THAT THE ABOVE STATED VOLUNTEER FIREFIGHTER MEETS OR EXCEEDS THE QUALIFICATIONS TO BE A CERTIFIED AND QUALIFIED ***VOLUNTEER ENGINEER*** FOR THE SANTA CRUZ COUNTY FIRE DEPARTMENT AS OUTLINED IN THE SANTA CRUZ COUNTY FIRE DEPARTMENT VOLUNTEER HANDBOOK.

COMPANY OFFICER: _____ SIGNATURE: _____ DATE: _____

BATTALION CHIEF: _____ SIGNATURE: _____ DATE: _____

DEPUTY CHIEF: _____ SIGNATURE: _____ DATE: _____