



# 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 FIREFIGHTER/EMR APPLICATION

DATE SUBMITTED
COMPANY NUMBER
CO APPROVAL
BC APPROVAL
TRAINING APPROV.

### INSTRUCTIONS:

- Legibly Print the requested information
- If an item does not apply to you, mark the space "N/A"
- **DO NOT LEAVE BLANK SPACES**

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Address or PO Box City Zip Code

Street Address \_\_\_\_\_  
Address (No PO Boxes) City Zip Code

Phone Number \_\_\_\_\_  
Home Mobile Other (i.e. Work)

E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

### EMPLOYER INFORMATION

Name of Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Street Address \_\_\_\_\_  
Address (No PO Boxes) City Zip Code

### EMERGENCY CONTACT

Name \_\_\_\_\_  
Last First Middle

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Address or PO Box City Zip Code

Phone Number \_\_\_\_\_  
Home Mobile Other (i.e. Work)

E-mail Address \_\_\_\_\_



# VOLUNTEER FIREFIGHTER/EMR APPLICATION

## CERTIFICATIONS

Driver's License \_\_\_\_\_  

Number
Class
State
Expiration Date

Complete the following table for any medical certifications that you possess:

Certification	Date Issued	Issuing Agency or Organization	Expiration Date
CPR/AED			
EMT Basic Int Paramedic			
EMS First Responder/EMR			

## FIRE DEPARTMENT EXPERIENCE

List any firefighting experience in the space below:

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_  

Address or PO Box
City
Zip Code

Rank Attained \_\_\_\_\_

Job Description \_\_\_\_\_

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**VOLUNTEER FIREFIGHTER/EMR APPLICATION**

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**FIRE DEPARTMENT EXPERIENCE**

**State Fire Marshal (SFM) or National Wildland Coordinating Group (NWCG)  
Certifications**

Complete the following table for any fire service-related certifications that you possess  
(such as FSTEP, CFSTES, HazMat, NWCG certifications):

Certification	Date Issued	Issuing Agency or Organization

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**OTHER EXPERIENCE OR CERTIFICATIONS**

Use the space below to list any other pertinent experience or certification that you possess: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# VOLUNTEER FIREFIGHTER/EMR APPLICATION

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## CERTIFICATION OF APPLICATION

I UNDERSTAND THAT SANTA CRUZ COUNTY FIRE DEPARTMENT (COUNTY FIRE) MAY CONDUCT A BACKGROUND INVESTIGATION TO DETERMINE MY SUITABILITY FOR VOLUNTEER FIREFIGHTER OR VOLUNTEER EMR STATUS. THIS MAY INCLUDE VERIFICATION OF EMPLOYMENT HISTORY, CRIMINAL BACKGROUND, OR OTHER REFERENCES. I HEREBY AUTHORIZE COUNTY FIRE TO VERIFY THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION AND WAIVE ANY AND ALL RIGHTS I HAVE OR MAY HAVE, TO MAINTAIN CONFIDENTIALITY REGARDING THE INFORMATION I HAVE BEEN REQUESTED TO PROVIDE IN THIS APPLICATION. I DO HEREBY RELEASE COUNTY FIRE, THEIR OFFICERS, AGENTS, AND EMPLOYEES FROM ANY LIABILITY THAT MAY ARISE IN CONJUNCTION WITH VERIFYING THE INFORMATION PROVIDED IN THIS APPLICATION.

I ALSO 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 OR VOLUNTEER EMR FOR COUNTY FIRE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# VOLUNTEER SIGNATURE SHEET

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## ACKNOWLEDGEMENT SIGNATURES

Volunteer Name \_\_\_\_\_  
Last First Middle

Please sign in the appropriate areas below after you have read and understood the associated policies or documentation.

1. I have read and understand the Volunteer Firefighter/EMR Administrative Guidelines

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. I have read and understand the Rules of Conduct and Government Code Section 19572

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. I am aware of the requirement to report child abuse pursuant to Penal Code 11166 and to report elder abuse pursuant to Welfare and Institutions Code Section 15630. I intend to comply with the provisions of these code sections and understand the penalty for failing to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. I have read and understand the County Fire Physical and Mental Stress Job Description for the Volunteer Firefighter or Volunteer EMR.

Signature \_\_\_\_\_ Date \_\_\_\_\_

5. **Hepatitis B Inoculation Declaration**

I have elected to decline participation into the County Fire Hepatitis B inoculation program. I recognize that the program is fully funded by the department. I do want to retain the privilege of participating in the inoculation program at a future date, should I choose to be immunized.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# EMPLOYEE SELECTION OF PERSONAL PHYSICIAN

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Volunteer Name \_\_\_\_\_  
Last First Middle

In the event that I sustain a job-related illness or injury, I designate my doctor to provide medical care. I am not waiving my right to appropriate medical treatment where my physician is not available.

Physician's Name \_\_\_\_\_  
Last First Middle

Physician's Address \_\_\_\_\_  
Address City Zip Code

Physician's Phone \_\_\_\_\_

*Personal physician is defined as the employee's regular physician and surgeon, licensed pursuant to Chapter 5 Division 2 of the Business and Profession's Code, who previously directed the medical treatment of the employee, and who retains the employee's medical records, including his or her medical history.*

I understand that the above-named physician is licensed to practice in the State of California, and agrees to complete the necessary treatment report required by the Department.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER

I waive my right to be treated by my personal physician in the event of an emergency or when my personal physician is not available.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_