



City of Astoria
Astoria Fire Department
Fire / Rescue / EMS / Prevention



555 30th Street
Astoria, OR 97103

Phone: (503) 325-2345
Fax: (503) 325-2346

**VOLUNTEER FIREFIGHTER PROGRAM
PERSONAL INFORMATION FORM**

Date: _____

Name: _____

Address: _____

City: _____

Home Phone #: _____

Cell Phone #: _____

Cell Service Provider: _____

Email Address: _____

Previous Fire Experience/Training? Circle one Yes / No
If Yes, Where?

Applicant's Signature: _____

**PLEASE RETURN THIS COMPLETED
FORM TO ASTORIA FIRE DEPARTMENT**



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VOLUNTEER FIREFIGHTER

GENERAL STATEMENT OF DUTIES: Performs fire suppression, rescue operations and fire prevention duties; provides emergency medical services; cleans and maintains fire equipment and facilities; does related work as required.

DISTINGUISHING FEATURES OF THE CLASS: A volunteer in this classification responds to fire and other emergency calls. Driving/operating fire apparatus may be a responsibility of incumbents in this classification after an individual is properly trained and documented to perform at that level. Work is performed under the supervision of a Lieutenant who reviews work and progress regularly. Supervision is not normally a responsibility of positions in this classification.

EXAMPLES OF WORK: (Illustrative only. Any single position of a class will not necessarily involve all of the duties listed, and many positions will involve duties which are not listed.)

1. Responds to fire and other emergency calls which includes laying hose and connecting to hydrants; directing streams of water or chemicals onto fires; ventilating structures; searching buildings; and rescuing individuals from buildings or other hazardous situations.
2. Provides emergency medical services.
3. Maintains fire department equipment and grounds including routine housekeeping and maintenance duties.
4. Presents fire prevention/safety information to schools, organizations, businesses, etc.
5. Performs specialized fire and safety functions as assigned and trained (e.g. hazardous materials, marine fire safety association).
6. Trains and drills on fire, hazardous materials, and emergency medical related subjects, techniques, and procedures.

DESIREABLE QUALIFICATIONS:

KNOWLEDGE OF: Some knowledge of fire suppression and prevention techniques; first aid.

ABILITY TO: Understand and follow oral and written instructions, make good judgments, and act effectively and calmly in emergency situations; perform strenuous activities under hazardous and dangerous circumstances; establish and maintain effective working relationships with other volunteers, employees, and the general public.

NECESSARY SPECIAL REQUIREMENTS: Must be 18 years of age at time of application; must reside within the city limits of Astoria; must possess or have the ability to obtain a valid Oregon driver's license; a safe driving record and clean criminal record; successfully complete the screening and training requirements as established by the Astoria Fire Department.



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Dear Prospective Volunteer Firefighter,

We want to thank you for your interest in becoming a professional volunteer firefighter with the Astoria Fire Department. We are very proud of our department and hope you will work through our process successfully and become a valuable member of our team.

Our entry process consists of completing an application and a successful background check by the Astoria Police Department; an interview with existing career and volunteer personnel; a physical agility test; and a physical/medical examination and drug screen at no cost to you.

Enclosed, you will find a volunteer application form, a description of the screening process, a volunteer firefighter position description and two release forms; one for your background check, and the other for your physical ability test. Also attached is a copy of the physical agility evaluation form we will be using for that portion of the process.

If you are up for a challenge, enjoy providing service to your community and are looking forward to the rewards of becoming a professional volunteer firefighter, please complete the application and release forms and return them to our office as soon as possible. We are looking forward to hearing from you.

For further information, please stop by our Headquarters Station at 555 30th St. here in Astoria, or call (503) 325-2345.

Again, we thank you for your interest and hope to see or hear from you soon.



APPLICATION FOR VOLUNTEER FIREFIGHTER

| A. GENERAL INFORMATION | | | | |
|---|----------------|--|----------------------------|------------------------|
| Name: | Email Address: | Driver's License No. & State: | Date: | |
| Current Street Address: | | Area Code & Home Phone Number: () | | |
| City: | State: | Zip: | Mobile Phone Number () | Cell Provider |
| If not a resident at current address for 2 years, give previous address & phone number: | | Lived There From: | To: | |
| Are you a United States citizen or legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Upon hiring, all persons must verify eligibility to be employed in the United States.) | | | | |
| List states and counties of residence for the past <u> </u> years: | | | | |
| Do you have any relatives or friends working for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and department: | | | | |
| Have you ever worked/volunteered for the City before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what department/location? | | | | |
| In case of an emergency, who should we notify? | Name: | Address: | Phone Number: () | |
| B. POSITION INTEREST | | | | |
| Position Applying For: Volunteer Firefighter | | | Referred By: | |
| Availability? Check all that apply: <input type="checkbox"/> Daytime <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends | | | | |
| Previous Experience and/or Training? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If so, Where? | | |
| May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Contact Name: | | |
| Contact Address: | | | Contact Phone: () | |
| Date available to begin: | | Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| C. EDUCATION | | | | |
| Name & Address of School Attended | | Did you graduate? | | List Diploma or Degree |
| High School | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending | | |
| College or University | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending | | |
| Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending | | |
| D. REFERENCES | | | | |
| Please list two persons who know of your qualifications and work abilities (do not include relatives): | | | | |
| Name: | Address: | Phone Number: | Occupation: | |
| | | () | | |
| | | () | | |



YOUR EMPLOYMENT HISTORY

Please list below your Employment History beginning with your most recent employer. Account for all periods of time, including **part-time work, military service or unemployment**. May we contact your present employer for references? Yes No
If additional space is needed, please attach supplemental information.

E. EMPLOYER NAME & ADDRESS

| | | | | | | | | | | | |
|---|------|-------|------|-------------|--|--|--|--------------------------|--|--|--|
| | | | | Department: | | | | Supervisor: | | Phone Number: () | |
| From | | To | | | | | | | | | |
| Month | Year | Month | Year | | | | | | | | |
| | | | | | | | | <i>Employer Use Only</i> | | Dates Verified <input type="checkbox"/> Position Verified <input type="checkbox"/> | |
| Job Title & Description of Your Duties: | | | | | | | | | | | |

Reason For Leaving:

F. EMPLOYER NAME & ADDRESS

| | | | | | | | | | | | |
|---|------|-------|------|-------------|--|--|--|--------------------------|--|--|--|
| | | | | Department: | | | | Supervisor: | | Phone Number: () | |
| From | | To | | | | | | | | | |
| Month | Year | Month | Year | | | | | | | | |
| | | | | | | | | <i>Employer Use Only</i> | | Dates Verified <input type="checkbox"/> Position Verified <input type="checkbox"/> | |
| Job Title & Description of Your Duties: | | | | | | | | | | | |

Reason For Leaving:

G. EMPLOYER NAME & ADDRESS

| | | | | | | | | | | | |
|---|------|-------|------|-------------|--|--|--|--------------------------|--|--|--|
| | | | | Department: | | | | Supervisor: | | Phone Number: () | |
| From | | To | | | | | | | | | |
| Month | Year | Month | Year | | | | | | | | |
| | | | | | | | | <i>Employer Use Only</i> | | Dates Verified <input type="checkbox"/> Position Verified <input type="checkbox"/> | |
| Job Title & Description of Your Duties: | | | | | | | | | | | |

Reason For Leaving:

H. EMPLOYER NAME & ADDRESS

| | | | | | | | | | | | |
|---|------|-------|------|-------------|--|--|--|--------------------------|--|--|--|
| | | | | Department: | | | | Supervisor: | | Phone Number: () | |
| From | | To | | | | | | | | | |
| Month | Year | Month | Year | | | | | | | | |
| | | | | | | | | <i>Employer Use Only</i> | | Dates Verified <input type="checkbox"/> Position Verified <input type="checkbox"/> | |
| Job Title & Description of Your Duties: | | | | | | | | | | | |

Reason For Leaving:

I. SPECIAL SKILLS, QUALIFICATIONS, CERTIFICATIONS

Please summarize special skills, qualifications, and civic, social or professional memberships:

| |
|--|
| |
| |
| |



RELEASE AND CONSENT

I understand and certify that all information supplied in this application, and any attached resume, is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the Employer, and further agree that my employment and compensation are at the will of the Employer and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Employer or myself. I understand and agree that these terms can only be modified in writing and signed by the President. No supervisor, representative, agent, or other employee of the Employer has now or has had in the past the authority to enter into any agreement for employment, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the Employer either written or oral, modify the above terms.

I understand and agree to take any physical examination and pre-employment test, including drug screening test. All such tests will be administered in compliance with the Americans with Disabilities Act.

I understand and hereby authorize all persons, schools, companies, employers, and/or their representatives to furnish verification to the Employer, its representatives or agents, any and all information set forth in this application and/or attached resume. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the Employer, as a result of them furnishing information to the Employer. I authorize the Employer, should they employ me, to release employment references if my employment becomes terminated for any reason. I also authorize the Employer to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et. seq. I understand that the decision to hire me and my continued employment will be subject to the results of these inquiries.

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, gender (sex), national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

I understand this application will be active for employment consideration for 30 days. After 30 days, if I wish to be considered for employment, I must contact the Employer to determine if applications are being accepted.

I have read, understand and agree with this statement.

Applicant's Signature

Date



City of Astoria Fire Department



EMPLOYEE/VOLUNTEER DISCLOSURE STATEMENT

The information obtained in this form is for the internal use of the Astoria Fire Department and the City of Astoria Human Resources Department only.

(Please Print)

| | | |
|------------------------|-----------|---------------------|
| _____ | _____ | _____ |
| First Name and Initial | Last Name | Social Security |
| _____ | _____ | _____ |
| Address | City | State Zip Code |

If address has changed in the past 5 years, please list previous address including city and state:

| | | |
|----------------------|------------------------|-----------------|
| _____ | _____ | _____ |
| Home Phone | Business Phone | Date of Birth |
| _____ | _____ | _____ |
| Driver's License No. | State License Valid in | Expiration Date |
| _____ | _____ | _____ |
| Current Employment | Length of Employment | Position/Title |

If Driver's License was held in another state in the past 5 years, please list state(s) below:

1. Have you ever been convicted of a crime of violence? Yes No
If yes, please explain: (use back of form if necessary)
2. Have you ever been convicted of a crime against a person? Yes No
3. If yes, please explain: (use back of form if necessary)
4. Do you use illegal drugs? Yes No
5. Has your driver's license ever been suspended or revoked? Yes No
6. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below)

I understand that the information I have provided may be verified by conducting a criminal background check. I also agree to hold harmless the City of Astoria, the officers, and the employees thereof. By signing this application, or by verbal agreement, I agree to comply with the rules and regulation set forth by the City of Astoria. I affirm that the information I have given on this form is true and correct.

X _____ Date: _____
(Signature of Applicant)

By Phone: _____ Date: _____ Time: _____



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PHYSICAL AGILITY TESTING INFORMATION

Before taking the test, all candidates will be required to read and sign the following Physical Agility Test Release form. Proper safety procedures **MUST** be followed at all times.

The undersigned states and acknowledges that he/she has freely and voluntarily made application to take the City of Astoria physical agility examination for the position of Firefighter, that he/she has been advised and warned that the said examination will consist of a number of physical tests and exercises requiring strenuous physical exertion; that, to the best his/her knowledge and belief, he/she is in sound physical condition and fully able physically to take the examination.

WHEREFORE, the undersigned hereby expressly releases the City of Astoria, its officers, agents and employees, from any and all claims from damages for injuries or injury to his/her person which may be received as a result of taking the aforesaid examination.

DATED this _____ day of _____
Month, Year

Signature

Print Name

Astoria Fire & Rescue

Physical Agility Evaluation Form

CANDIDATE NAME: _____

DATE: _____

PART ONE: Stairmill

There is a 20-second warm-up on the StepMill at a set stepping rate of 50 steps per minute. During this warm-up period, you are permitted to dismount or grasp the rail to establish balance and cadence. If you fall or dismount the StepMill during the 20-second warm-up period, you must remount the StepMill and restart the entire 20-second warm-up period. You are allowed to restart the warm-up period twice.

The timing of the test begins at the end of this warm-up period when the proctor calls the word "START." There is no break in time between the warm-up period and the actual timing of the test.

Pre-test: Stairmill, 3 min @ 60 spm.

(COMPLETED)

PART TWO: Timed Agility – Maximum of 5 min. between the end of the stairmill and the start of the Timed Agility. This includes dressing time for turnout components.

The remaining portion of the physical agility test is to be completed within 5 minutes. All candidates are to wear a turn-out coat, helmet and SCBA. Gloves are to be offered.

Task #1

100 foot 1½ charged hose drag.

(COMPLETED)

Task #2

Drag Rescue Randy (dummy) across apparatus bay floor.

(COMPLETED)

Task #3

Pick up and carry hose bundle to the firefighter museum and climb up interior staircase to the second floor and back to where the hose bundle was initially picked up.

(COMPLETED)

Task #4

Pick up and hang an electric smoke ejector in the northeast apparatus bay doorway. Take the smoke ejector down and return it to the floor.

(COMPLETED)

Task #5

Drag Rescue Randy (dummy) back across apparatus bay floor.

(COMPLETED)

Elapsed Time: _____

(5-MINUTE MAXIMUM)

Comments:

OVERALL: PASS FAIL
(circle one)