

KEIZER FIRE DISTRICT

661 CHEMAWA RD. NE • KEIZER, OR 97303 • (503) 390-9111

SUPPORT VOLUNTEER APPLICATION

Name:		First	Middle		Maidon /A	liac	
Last		rii si	Millule		Maiden/A	lidS	
	ODL#		<u>S.S.#</u>				
Address:	City/State/Zip:						
Phone (home/cell):		Spouse's name:					
Email:		Are you at least	18 years of age?	Yes	No		
Do you know, or are you related to, anyone who is a former or current employee or volunteer at Keizer Fire District?						Yes	No
Have you ever been employed by, or volunteered at, a fire response/EMS agency or private contractor?						Yes	No
If ves, please provide the ad	ency name, contact infor	mation and dates of se	ervice.				

CURRENT EMPLOYMENT INFORMATION

Employer Name:		Supervisor name/Ph.:
Address:		City/State/Zip:
Job Title:		Typical work schedule:
Length of employment:Du	uties:	

GENERAL INFORMATION

- All Keizer Non-Response Volunteers are required to possess a valid Oregon Driver's License, have a good driving record, and maintain their license while volunteering with Keizer. (*Please provide a copy of both sides of your driver's license*)
- Volunteers are required to be at least 18 years of age prior to being considered for membership.
- The Keizer Fire District reserves the right to decline membership at any time, and for any reason, including, but not limited to, District capacity to manage volunteers.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand a background shall be completed, and that should an investigation disclose untruthful or misleading answers, my application may be rejected or my status as a member of this Fire District terminated. In addition, I authorize my current employer to release information as necessary to verify my qualifications for membership.

Applicant Signature	Date	_/]
Received By KFD (Print Name)	_Date	_/]