



Volunteer/Reserve Application
FIRE DIVISION

Central Mason Fire & EMS

Thank you for expressing an interest in Central Mason Fire & EMS. You are applying to become a member of this District but also a member of the Fire Service Community across this nation. This community is composed of 1.5 million men and women in over 35,000 Fire Departments.

Central Mason Fire & EMS (CMFE) has been providing service since 1953. We provide fire protection, emergency medical services, rescue and other requests for service in 163.1 square miles.

CMFE encompasses Central Mason County and the City of Shelton, as well as providing mutual aid to outlying districts. We provide ALS/BLS services to most of Mason County. Our staff has a long standing, proud heritage that will be passed on to you when you become a member of this Department.

Please fill out the attached District application, along with a copy of your driver's license, the request for the abstract driving record and criminal history records and submit them to the District.

Once we receive all the information, we will contact you to set up an interview with the Volunteer Coordinator.

We are excited that you may join us in our efforts to provide quality emergency services to your friends and neighbors and to continue the proud heritage of our department.

Fire Chief

Jeff Snyder

Central Mason Fire & EMS

Volunteer/Reserve Application

Date of Application: _____

Basic Information:

Name:		Date of Birth:	
Cell Phone #:		Home Phone #:	
Email Address:			
Best time to contact you?			
Physical Address:			
City:	State:	Zip:	
Mailing Address (if different):			
City:	State:	Zip:	
Driver License #			
Social Security #			
**Attach a color photocopy of your driver's license and complete the background/driver's abstract permission paperwork.			

Please give three-character references:

Name:	Phone:
Name:	Phone:
Name:	Phone:

Emergency Contacts:

Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	

Applicant Initials: _____

Central Mason Fire & EMS

Volunteer/Reserve Application

General Information:

Have you had any previous experience with emergency services:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you commit to at least the equivalent of one 24-shift per month?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you maintain regular drill attendance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List other community activities you are involved with:	
Would any of these activities hamper your duties with this department?	
If yes, please give details:	
Are you willing to take the required classes? (Fire Recruit Class, EMT, First Aid Training)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have Physical limitations or Special Needs:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please give details:	
If you have Physical Limitations, what type of service can you assist with:	

Applicant Initials: _____

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Educational Information:

Highest Level Attained: (Check All That Apply)

High School GED Vocational College Other _____

Employment Information:

Current Employer:

City: _____ **State:** _____ **Zip:** _____

Specific Duties Performed:

Hours worked:

As a volunteer, will they let you respond during your workday? YES NO

Previous Firefighting/EMS Experience:

Department or Organization:

Supervisor: _____ **Contact Info:** _____

Years of Service:

Specific Duties:

***Please attach a copy of any current certifications you may have to this application.**

Applicant Initials: _____

Central Mason Fire & EMS

Volunteer/Reserve Application

Background/Driving:

Have you ever been convicted of a misdemeanor or felony (include traffic offenses) which might call into question your fitness for duties for which you have applied? YES NO

If yes, please describe:

Applicant Initials: _____

I hereby certify that the information on this application is true and complete. I understand that any misstatements of material facts may subject me to disqualification. I authorize Central Mason Fire & EMS to verify any and all of the information on this application and to secure information deemed necessary from employers and personal references in order to determine my suitability for the volunteer program.

Applicant Signature: _____ Date: ____/____/____

Volunteer Service Agreement

I understand as a Central Mason Fire & EMS volunteer, I will be performing services for civic, charitable or humanitarian reasons; I have not been promised and have no expectation of compensation for services rendered; I offer my services freely and without pressure or coercion, direct or implied, from the Department.

THE DEPARTMENT SHALL:

1. Provide the Volunteer with such training, supervision, staff support, workspace, and materials/equipment as the Department deems necessary to enable the Volunteer to perform his or her donated services.
2. Provide medical coverage for an injury incurred while volunteering, for claims arising out of the Volunteer's services as a registered volunteer through the Board for Volunteer Firefighters.
3. Provide liability protection as set forth in RCW 4.96.041 and district policy. The Volunteer is specifically entitled to the protections provided by the statute and the policy provided the conduct of the Volunteer falls within the scope of the conduct protected by the statute. The benefits provided by the statute shall survive any subsequent revocation of the policy by the Board and the benefits provided by the policy and the statute shall survive termination of this agreement.

THE VOLUNTEER SHALL:

1. Abide by and conform to Department policies relative to appearance, discipline, behavior, attendance, caliber of work, and written and oral directives.
2. Be personally responsible for prompt and accurate recording of his or her hours of actual work in the format provided by the Department.
3. Notify the Department when circumstances dictate termination of his or her volunteer services, if prior to the date agreed upon.

GENERAL:

1. This agreement will be terminated upon written notice by either party.
2. Equipment issued to the Volunteer by the Department shall remain the property of the Department. All issued equipment shall receive good care and be kept clean while in the possession of the Volunteer.
 - a. Should any equipment become lost or damaged (except for normal usage) due to negligence, the volunteer shall pay for the cost of any repairs. Should any equipment through no fault of the Volunteer, become lost or damaged, it is the responsibility of the Volunteer to promptly notify their supervisor.
3. Should a Volunteer terminate their Volunteer status or be terminated by the department, it is the responsibility of the Volunteer to immediately return all issued equipment back to the Department.
4. The Volunteer has no express or implied contractual right to the position nor to the status of a Volunteer firefighter with the District and holds such position and status at the sole discretion of Board of Commissioners. The Volunteer further acknowledges that no reliance has been placed on any verbal, written or printed statements of the District, its agents, or employees in the offer or acceptance of the position and that no such statements constitute a contractual obligation of the part of the District to continue such Volunteer status, the undersigned's status as a Volunteer firefighter may be terminated at any time, with or without cause by the Board of Commissioners of the District without prior notification.

I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT.

Applicant Signature: _____ **Date:** ____ / ____ / ____

Central Mason Fire & EMS
Volunteer/Reserve Application

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Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>



**Attachment F
Washington – General Information**

Please be advised that when requesting Washington DMV records for employment purposes, the end-user is required to have a Washington State release form (Attachment F) signed by the prospective applicant/employee and by the employer. These state release forms must be kept on file by the end-user and available upon request by Verity Screening Solutions, for auditing purposes.

STATE SPECIFIC INFORMATION:

Washington Attachment F – RELEASE OF INTEREST

1. Enter Softech International Inc as the Contractor name.
2. Enter the Employee, Prospective Employee, or Volunteer's name on the second blank line provided.
3. Enter the Employee, Prospective Employee, or Volunteer's Full Name, WA DL number or DOB
4. Must be dated and signed by employee, prospective employee, or volunteer.
5. Enter the Employer Information
6. Must be dated and signed by the employer, prospective employer, or volunteer organization.
7. ****Penalty Clause, read and understand RCW 46.52.130.**

**** Employment records are limited by state statute to those individuals that drive as a condition of employment or otherwise at the direction of the employer. Misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.**

IMPORTANT:

- Attachment F - Release of Interest:
 1. Must be completed prior to requesting Washington DMV information.
 2. Must be completed as directed and kept on file by the end-user/employer.
 3. Must be made available upon request by Softech, for auditing purposes.

Mason County Fire District #5

Company Name/Subscriber

M. J. Quate Administrative Assistant 3/1/2022

Signature

Title

Date

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>	
<p>_____</p> <p>Date and place signed</p>	<p>X</p> <p>_____</p> <p>Authorized representative signature</p>

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p>		
<p>X</p> <p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>	