



VOLUNTEER APPLICATION

Central Mason Fire & EMS

Thank you for expressing an interest in Central Mason Fire & EMS. You are applying to become a career 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 183.1 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 your resume, 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 with testing information.

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 Application

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

Emergency Contact # 1:

Name:	Phone:
Relationship:	

Emergency Contact # 2:

Name:	Phone:
Relationship:	

Please give character references:

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

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Have you had any previous experience with emergency services?	☐ Yes ☐ No
Can you commit to at least the equivalent of one 24-hour shift per month?	☐ Yes ☐ No
Can you maintain regular drill attendance?	☐ Yes ☐ No
List other community activities you are involved in: 	
Would any of these activities hamper your duties with this department?	☐ Yes ☐ No
If yes, please describe: 	
Are you willing to take the required classes? (Fire Recruit Academy, EMT, First Aid Training)	☐ Yes ☐ No
Do you have any physical limitations or special needs?	☐ Yes ☐ No
If yes, please describe: 	
If you have physical limitations, what type of service can you assist with: 	

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What education levels have you obtained? (check all that apply)

☐ Highschool
 ☐ GED
 ☐ Vocational
 ☐ College
 ☐ Other:

Current Employer:

Supervisor's Name:

Supervisor's Phone:

Supervisor's Email:

Dates worked? From:

To:

Specific duties performed:

Work schedule:

If you become a Volunteer, will your employer let you respond during the workday?

☐ Yes
 ☐ No

Firefighting/EMS Experience:

Department or Organization:

Supervisor's Name:

Phone:

Years of Service:

Specific duties performed:

**** Please attach a copy of any relevant certifications you may have to your resume.**

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Have you ever been convicted of a misdemeanor or felony (including traffic offenses) that might call into question your fitness for the position you have applied?

☐ Yes ☐ No

If yes, please describe:

I 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 of the information on this application and to secure information deemed necessary from employers and personal references to determine my suitability for a position with the department.

☐ By checking this box and writing or typing my first and last name below, I agree to use this as an electronic signature.

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:** ____ / ____ / ____

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Central Mason Fire & EMS

Background Screening Acknowledgment and Authorization

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understood those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Central Mason Fire & EMS** (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

*** ALL FIELDS REQUIRED**

*Name: _____
Last First Middle

*Other Names/Alias: _____

*Social Security #: _____ - _____ - _____

*Date of Birth: _____
Month Day Year

*Driver's License # _____ *Issuing State: _____

*Current Address: _____

*City/State/Zip: _____
City State Zip

*Phone #: _____

*Email: _____

Signature: _____ Date: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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 the 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 20006.**

- **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 identify 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 1-888-567-8688.
- **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:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
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	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314 Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590 Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
d. Federal Credit Unions	Nearest Packers and Stockyards Administration area supervisor
3. Air carriers	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
4. Creditors Subject to Surface Transportation Board	Securities and Exchange Commission 100 F St NE Washington, DC 20549
5. Creditors Subject to Packers and Stockyards Act	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
6. Small Business Investment Companies	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
7. Brokers and Dealers	
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	



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.

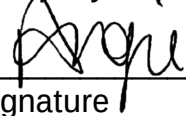
**** Employment records are limited by state statute to those individuals that drive as a condition of employment or otherwise at the direction of the employer. Misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.**

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.

Central Mason Fire & EMS

Company Name/Subscriber



Records Specialist

06/24/2024

Signature

Title

Date

Attachment F RELEASE OF INTEREST

Employer/Transit authority/Volunteer organization

Verity Screening Solutions is an agent or acting as agent on behalf of Softech International Inc subscriber for employment purposes or is an employee, prospective employee, or volunteer organization.

This is an authorization of:

1. Employee for release of abstract of driving records for employment purposes, at my employer's discretion for the full term of my employment; or
2. Prospective employee for release of abstract of driving record for employment purposes, not to exceed thirty (30) days from date signed; or
3. Volunteer for the release of abstract record for which the volunteer has submitted an application for a position that would require driving by the volunteer at the direction of the volunteer organization.

I, _____, am an employee, prospective employee, or volunteer of the
Employee/Prospective Employee/Volunteer Name
company named above and I request a copy of my official Driving Record in the state of Washington be released to my employer, prospective employer, or volunteer organization or their agent.

PRINT OR TYPE Employee/Prospective employee/Volunteer Full Name (First, Middle, Last)	WA driver license number or date of birth
Employee/prospective employee/Volunteer signature X	Date Signed

The Subscriber listed below agrees to, and shall indemnify and hold harmless the state of Washington, Department of License (DOL), the Director of DOL, and all DOL employees from any and all suits at law or equity, and from any and all claims, demands or loss of any nature, including but not limited to all costs and attorney's fees, arising from any incorrect or improper disclosure of individual names or addresses under this "Certification of Use;" any defects in any of Subscriber's procedures followed or omitted or arising from the failure of Subscriber or its officers, employees, customers, contractors or agents to fulfill any of its obligations under this Contract; or arising in any manner from any negligent act or omission by Subscriber or its officers, employees, customers, contractors or agents.

I hereby certify:

1. The company named below is an employer, prospective employer, or volunteer organization of the above-named individual.
2. That the information contained in the abstracts of driver records obtained from DOL shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130. No information contained therein will be divulged, sold, assigned, or otherwise transferred to any third person or party. The abstracts of driver records shall be used exclusively for:

I affirm that I am a representative authorized to bind the Subscriber named below.

Contractor/Subsriber name	
Address	
Authorized representative name	Title

Date and Place Signed

X _____
Authorized representative signature

NOTE: The employer or prospective employer must maintain this record for a period of not less than two (2) years from the date of the most recent request. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.