



MOUNT SHASTA FIRE PROTECTION DISTRICT

600 MICHELE DRIVE

MOUNT SHASTA, CA 96067

(530) 926-0702

(530) 926-0317 FAX

Dear Applicant,

Thank you for your interest in applying for a **VOLUNTEER** position with the Mount Shasta Fire Protection District.

We are always happy to have applications submitted. There is a process you must go through to become a member of our department.

First, you will need to fill out the attached packet of information for us. Be sure to read and follow all instruction. Upon completion, bring your application packet into the station. (600 Michele Drive). It is a good idea to call first to make sure I am in the office. I will review the packet with you and answer any questions you may have.

Second, you will need to attend three department events within the first month.

1. You must attend two trainings every month.

Third, you must be voted in by the general firefighter membership.

After these three items have been completed, your background check will start. Please advise me if you have any questions on your background pre-check.

If you pass your background check, all your firefighting gear will be issued. If you have any firefighting experience, prior training or certifications, great! But if you don't, the department will pay for and help you get the necessary training you will need.

Being a **VOLUNTEER** firefighter is a very rewarding function and a tremendous asset to our communities. **However, it does require a commitment from you.** But one that most volunteers can fit into their lives.

Please feel free to call me if you have any questions! We will be happy to help you in any way we can to become a **VOLUNTEER FIREFIGHTER** with our department.

Thank you again for your interest;

Sincerely;

Chief Rick Joyce - MSFPD

MOUNT SHASTA FIRE PROTECTION DISTRICT

Policy for Volunteer Firefighter Application

- 1.1 Applicants must be 18 years of age and in good health when applying.
- 1.2 Applications may be picked up at the Mount Shasta Fire Protection District office during normal business hours.
- 1.3 Applicants will be given a review of the application process, along with a written cover letter explaining the process of becoming a volunteer with the District.
- 1.4 Upon completion of the application packet, it may be turned in at the District office. A review for completeness of the packet will be done by the office staff or the Chief.
- 1.5 A background check will be required for any volunteer accepted after their initial orientation.
- 1.6 Applicants must attend 3 trainings sessions and be voted in by the general membership of the firefighters. Three dissenting votes from the firefighter for cause or no cause may terminate the application process. The District Fire Chief however may over-ride the vote by the general membership, but only if the applicant possesses certifications and specific training skills needed by the District. This will be on a case-by-case basis.
- 1.7 No District protective gear, pager, radio or any other equipment will be issued until the applicant is received into membership and placed on the duty roster.
- 1.8 The District will see that all applicants receive the necessary training to meet the requirements of the State, Federal and department standards. However, it is up to the applicant to make the commitment to fulfill the training, certification and time requirement to be a volunteer firefighter for the District.
- 1.9 Minimum requirements also apply to maintaining membership as a firefighter within the District.
 - A. Make mandatory trainings.
 - B. Make all possible alarms.
 - C. Keep and maintain all required certifications.
 - D. Help at work projects whenever possible.
 - E. Help with District Auxiliary functions whenever possible.
 - F. Help with any special assignments when available.

MOUNT SHASTA FIRE PROTECTION DISTRICT

Policy for Volunteer Firefighter Application

- 2.0 If a volunteer does not meet the required standards and expectations of the Department, the volunteer will first be counseled, followed by a written notice in the volunteers file. When further action is necessary, a second counseling session will be held followed by a written warning of possible dismissal.
- 2.1 A volunteer can be immediately dismissed for improper conduct, willful misuse of the District equipment, drinking while on duty, drinking while driving the District equipment, responding to any alarm with alcohol on one's breath, disobeying an officer's orders or for any reason that may be deemed appropriate by discretion of the Fire Chief.
- 2.2 Upon termination from the department the volunteer must immediately surrender all District equipment. If equipment is missing from the volunteer's inventory, the volunteer will be held responsible for replacing or paying for missing or damaged items, including pagers, radios, turnout gear, helmets, boots, gloves, SCBA mask, tools, ropes, webbing or any other item that has been issued and recorded on the volunteer's inventory form. The same will hold true when a volunteer resigns or retires from the Department.
- 2.3 Volunteers will receive a stipend for mandatory training and alarms as determined by the District Board of Directors. When a volunteer does station coverage requested by the Fire Chief, a wage will be paid as set by the District Board of Directors.
- 2.4 Any grievance should be brought immediately to the Officer in charge, Assistant Chief, Captain, Engineer or the Fire Chief.
- 2.5 There are five different areas volunteers can participate in:
 - A. Firefighting
 - B. Medical
 - C. Rehabilitation
 - D. Accountability
 - E. Auxiliary
- 2.6 This policy may be updated from time to time as Department needs change.

MOUNT SHASTA FIRE PROTECTION DISTRICT VOLUNTEER FIREFIGHTER APPLICATION PACKET

CHECKLIST

In order to process your application for the position of Firefighter, your completed, signed application and all packet forms must be returned with the **front and back photocopy** of each of the following items:

- _____ Copy of your current California Drivers License
- _____ Copy of you current Social Security Card
- _____ Copy of your current EMT or Paramedic Card
- _____ Copy of your current Medical Examiners (ME) Card
- _____ Copy of your current CPR Card
- _____ Copy of Related Instructor Certificates you may have

Sign and Return these forms from your packet.

- _____ Applicant Checklist
- _____ Volunteer Firefighter Application
- _____ Fire Skills Form
- _____ Applicant Referral Source
- _____ Training and Certificate Information Sheet
- _____ Pre-Employment Inquiry Authorization Release
- _____ Background Check Information Sheet
- _____ Drug Free Work Place Statement
- _____ Sexual Harassment Policy

Failure to return all necessary items will delay the processing of your application!

Return this checklist with the requested information.

Mount Shasta Fire Protection District
600 Michele Drive
Mount Shasta, Ca 96067
(530)926-0702
msfpd@nctv.com

VOLUNTEER MEMBERSHIP APPLICATION

DATE: _____ DATE OF BIRTH: _____ SOCIAL SECURITY # _____

FIRST NAME: _____ LAST NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ E-MAIL ADDRESS: _____

DRIVER'S LICENSE: _____ STATE: _____ CLASS A,B or C _____

PRESENT EMPLOYER: _____

ADDRESS: _____

WORK PHONE: _____ SUPERVISORS NAME _____

BACKGROUND QUESTIONARE

1. Have you ever resigned from employment in lieu of termination or as a result of any allegations of conduct whether founded or not? _____
2. Have you ever had any problems with your supervisors? _____
3. Have you ever had any conflicts or problems with the public? _____
4. Have you ever taken anything from your employer with out authorization? _____
5. Have you ever been convicted of a felony? _____

REFERENCES

Please provide three references.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

PHONE#: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

PHONE#: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

PHONE#: _____

REQUIRED DOCUMENTS

If available and if possessed.

1. Driver's License (front and back)
2. EMT/Paramedic card (front and back)
3. All Fire / Haz-Mat / Medical / Command Certificates
4. CPR Card (front and back)
5. Social Security Card
6. Any other pertinent information

FOR OFFICIAL USE ONLY

ACCEPTED BY OFFICERS _____ ACCEPTED BY FIRE CHIEF _____

**MOUNT SHASTA FIRE PROTECTION DISTRICT
VOLUNTEER FIREFIGHTER APPLICATION PACKET**

HARASSMENT & SEXUAL HARASSMENT

Purpose – Define what is considered harassment, including sexual harassment, and establish how it is to be viewed and responded to within the Mount Shasta Fire Protection District.

Policy & Purpose – Purposely annoying, intimidating or making someone uncomfortable is harassment. Sexual harassment includes unwanted sexual advances and sexually explicit visual, verbal or physical conduct. The Mount Shasta Fire Protection District employees, staff and board members are prohibited from harassing others while acting on our behalf or on MSFPD premises. Employees who believe they are being harassed may confront those involved to seek resolution or submit a complaint to the Fire Chief, board member or their staff.

Department heads should intervene to halt harassment in progress but must refer harassment complaints to the Fire Chief for further investigation.

When a harassment complaint is submitted, the Fire Chief will conduct a timely investigation, including interviewing the person who submitted the complaint, the person the complaint is directed towards and any witnesses. If it is determined that the harassment has occurred, corrective action will be taken.

All aspects of harassment complaints and investigations are confidential. Documentation related to a harassment complaint investigation is maintained by the Fire Chief.

Signature _____

Printed Name _____

Date _____

**MOUNT SHASTA FIRE PROTECTION DISTRICT
VOLUNTEER FIREFIGHTER APPLICATION PACKET**

DRUG FREE WORKSPACE STATEMENT

The Mount Shasta Fire Protection District believes that in the order for it to be successful, its employees must be successful. As part of that belief, we place an emphasis on good physical and mental health for our employees.

We have committed to maintain a drug free workplace. As part of this effort, every individual is required to successfully pass a drug screen prior to the beginning of employment.

The accompanying authorization for medical services will direct you to the facility that the Mount Shasta Fire Protection District utilizes for its drug testing and any other pre-placement physical testing.

AGREEMENT AND RELEASE

As part of my acceptance of the enclosed Offer of Employment, I hereby agree to submit to, all pre-placement physical testing required for the position offered to me as defined by the Mount Shasta Fire Protection District, including physical exams and drug testing. I also grant permission for MSFPD to receive the results from all pre-placement physical testing, including drug test results.

I hereby agree to forever hold MSFPD, it's Officers, agents and employees harmless from liability for any action taken because of said testing being completed and information becoming available to the MSFPD.

Signature _____

Printed Name _____

Date _____

**MOUNT SHASTA FIRE PROTECTION DISTRICT
VOLUNTEER FIREFIGHTER APPLICATION PACKET**

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my employment or promotion, I understand that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment, educational background, professional licensing and other experiences.

I acknowledge that a fax or copy of this release shall be as valid as the original. This authorization is valid for any consumer report requested at any time during the tenure of my employment. This release is valid for all federal, state, county and local agencies and authorities. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of the investigation.

Yes _____ No _____
Signature & Date Signature & Date

Date of Birth _____

Dates Attended High School _____

Dates Attended College _____

Dates Attended Graduate School _____