

**REEDSPORT VOLUNTEER FIRE DEPARTMENT**  
**124 N. 4<sup>TH</sup> STREET**  
**REEDSPORT, OR. 97467**  
**541-271-2423**  
**FAX: 541-271-1228**  
**CHIEF TOM ANDERSON**  
**reedsportvfd@cityoffreedsport.org**

## **FIREFIGHTER APPLICATION**

The Reedsport Volunteer Fire Department is looking for local men and women who have the time and desire to help others in need. With the increasing number of fire and medical alarms, volunteers are needed to help keep the balance by providing quick, professional, fire and medical response.

### **REQUIREMENTS**

For men or women who wish to be active firefighter volunteers, the following minimum qualifications must be met. Applicants must

- Be at least 18 years of age.
- Live within the fire district.
- Have a valid Oregon driver's license.
- Have the time to complete basic fire ground operations training.
- Pass a probationary period.

Applications may be obtained at the main Fire Station, 2680 Frontage Road, in Reedsport, Mon.-Fri., 8:00 am to noon. Applications will be reviewed by the Fire Chief, Department Officers, and our Associations Executive Committee.

### **TRAINING**

The Fire Department is committed to the protection of lives, property, and the environment. Training is essential for firefighters. Being properly trained is vital for the safety of the volunteers and the community. Practice and training is on Monday nights each week. RVFD will train volunteers to response levels such as entry level basic firefighting before they are allowed to respond to emergencies. Additional advanced training is also available.

**PLEASE TURN IN YOUR APPLICATION TO:**

**FIRE STATION 2 (MAIN STATION)**  
**2680 FRONTAGE ROAD, REEDSPORT**  
**Business hours 8:00 to noon, Monday to Friday**

## Reedsport Volunteer Fire Department

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Fax: 541.271.2423  
Chief Tom Anderson

### Application for Volunteer Firefighter

1. Name: (Print) (L): \_\_\_\_\_ (F): \_\_\_\_\_ (MI): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

By signing this application I declare that I have completed it to the best of my knowledge, and I understand that fraudulent information may lead to my dismissal. I understand that an efficient and effective fire department requires teamwork and my ability to accept and carry out the orders of officers. I realize that I may be called upon at any time of the day or night to fight fire, assist during times of flood, storm, and other man-made disasters or for any other emergency service functions and/or fire prevention activities.

I further understand that as a member of the Reedsport Volunteer Fire Department, I will attend weekly drills and may be called upon to work on public relations activities.

I will read all information given to me during my application/interview process and will provide my signature where applicable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### STAFF USE ONLY

The undersigned recommend the applicant for membership, subject to the six-month probationary period and review.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"We are an Equal Opportunity Organization. We are dedicated to a policy of non-discrimination in regards to the basis of race, color, religion, sex, sexual orientation, national origin, age, mental or physical disability.

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## **Disclosure and Release Form Volunteers Driving Record Information**

1. In connection with my volunteer status, I hereby give permission to the Reedsport Volunteer Fire Department to obtain my state driving record (also known as my motor vehicle record or MVR).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize, without reservation, any official party or agency contacted by the RVFD, to furnish the above mentioned information.
4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
5. This authorization shall remain on file by the RVFD for the duration of my volunteer status and will serve as ongoing authorization for the RVFD to procure my state driving record at any time during my volunteer status.
6. I understand that the RVFD may take adverse action affecting my volunteer status and/or my authorization to drive fire department vehicles, based on information in my driving record. If such adverse action is taken; I acknowledge that my rights are as follows:
  - A. The RVFD must notify me in writing of any adverse action.
  - B. I have the right to receive a copy of the driving record upon which the adverse action was based.
  - C. I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address, and phone number of the agency that provided my driving record to the RVFD.
  - D. I have the right to obtain a copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that the RVFD took adverse action.
  - E. I have the right to dispute the accuracy or completeness of my driving record with the agency that provided it and request that any errors be corrected.

Volunteers Name (print)

Volunteers Signature

Date signed