

Whatcom County Fire District No. 7
P.O. Box 1599 Ferndale, WA 98248
Phone: (360) 384-0303 Fax: (360) 384-4509

Prerequisites: 21-70 years old, Washington State Drivers License, live within a reasonable proximity to any of our 6 stations and have a negligible criminal history. Volunteers are put through a testing process to enter the department. This includes a written test, interview with the Fire Chief, a doctor physical, physical fitness test and finally the Whatcom County Fire Recruit Academy of approximately 184 hours of training over a couple of months time. The academy is set up for weekday evening classes and weekend day classes.

Pension: Volunteers receive one credit for each year of service with any Volunteer Fire Department. After 10 credits are obtained, the volunteer is then "Vested" and eligible to receive a determined amount of money upon retirement. That amount increases with every credit after the initial 10, up to 25 credits.

Reimbursements: Volunteers are reimbursed for every alarm and/or training they attend. That amount is currently \$9.00 for every alarm and \$9.00 for every approved training. You will also be reimbursed \$1.50 for your applicable recertification requirements.

Education: Volunteers are encouraged to attend medical courses. First Responder and Emergency Medical Technician courses are two most common. The Department will pay all costs of these courses. Other courses may be paid with approval of the Fire Chief.

Death Benefit: Currently the benefit for dying in the line of duty as a Volunteer is \$100,000 from the department insurance policy and approximately \$375,000 from other state and federal policies.

Travel Opportunities: Volunteers have opportunities to travel to classes within and outside the State of Washington. The Department will pay for approved classes and all expenses.

Thank you for your consideration to become an important part of your community. If you would like further information regarding becoming a Volunteer Firefighter, please contact Whatcom County Fire District No. 7 at your earliest convenience. Thank you.

**Monday through Friday – 8:00am to 4:00pm
(360) 384-0303**

WHATCOM COUNTY FIRE DISTRICT NO. 7

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
Mailing Address (if different from above)					
City		State		ZIP	
Home Phone		Work/Cell Phone		Birthdate	
Social Security No.		E-Mail Address			
Position Applying for	Volunteer FF <input type="checkbox"/>	Resident FF <input type="checkbox"/>	Career FF <input type="checkbox"/>	Other <input type="checkbox"/>	_____
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
EMERGENCY CONTACT INFORMATION					
Emergency Contact			Relation		
Home Phone			Work Phone		
Spouse Information (if different from emergency contact)					
Name		Home Phone		Work Phone	
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
PREVIOUS FIRE/EMS EXPERIENCE					
List any training/certifications related to fire and/or EMS (include certification #'s and expirations) and/or provide resume:					

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

CURRENT AND PREVIOUS EMPLOYMENT (List most current first)			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date