



VOLUNTEER APPLICATION

CASHMERE FIRE DEPARTMENT
 101 Woodring Street
 PO Box 112
 Cashmere, WA. 98815
 509-782-1144
 www.cashmerefire.com

Return completed applications to:

Cashmere Fire Department
 101 Woodring Street
 Cashmere, WA. 98815
 Monday 7:00PM - 8:00PM

Please answer all questions on this application completely and to the best of your ability. All statements are subject to validation. False statements could result in application rejection or termination. Submission of a resume is not a substitute for this application.

Last Name	First Name	MI	SSN
Address	City	State	Zip
Phone	Date of Birth	Email	

OFFICE USE ONLY		
App Received Date:		
Letter Sent Date:		
Oral Interview Date:		
Oral Status:	Pass	Fail
Background Check:	Pass	Fail
Driver Check:	Pass	Fail
Physical:	Pass	Fail

Have you volunteered for a different organization?	NO YES	If so, where:
Are you either a citizen of the United States or an alien authorized to work in the United States?	NO YES	
Have you ever been convicted of misdemeanor or felony, including traffic violations?	NO YES	If so, please provide details:

WA State Driver's License Number:	Expiration Date:	Insurance:
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REFERENCES

Name	Address	Phone	Relationship to you
1.			
2.			
3.			

EDUCATION AND TRAINING

	School Name and Location	Years Attended	Did You Graduate?	Major Subjects and Degrees
High School				
College / University				
Graduate School				
Other Education				
Licenses and Certifications:				
Other skills you possess that would be a benefit to the Cashmere Fire Department:				

EMPLOYMENT HISTORY

Company Name	Address	Phone	Start Date	End Date
1.				
Duties and Responsibilities:				
2.				
Duties and Responsibilities:				
3.				
Duties and Responsibilities:				

EMERGENCY CONTACTS

Name	Address	Phone	Relationship to you
1.			
2.			

QUESTIONNAIRE

1. Have you lived in Cashmere for more than a year?
2. What else would you like us to know about you?
3. What is your definition of a firefighter?

I DECLARE MY ANSWERS TO THE QUESTIONS ON THIS APPLICATION TO BE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT OR SUBSTANTIAL OMISSION OF FACT MAY BE CAUSE FOR NOT CONSIDERING ME FOR HIRE OR MAY BE CAUSE FOR DISCHARGE. I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE ON THIS APPLICATION AS WELL AS A FULL BACKGROUND CHECK AND WAIVE ALL CLAIMS AGAINST THE CASHMERE FIRE DEPARTMENT AND ALL INDIVIDUAL PARTIES FOR DAMAGES WHICH MIGHT OCCUR BY REASON OF SUCH INVESTIGATION.

Signature: _____

Date: _____