



Volunteer Fire Department

P.O. Box 2530 • Gearhart, OR 97138

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gearhartfd@cityofgearhart.com / gearhartfire.com (web)

Gearhart Fire Department

Application for Membership Packet

Please complete the following forms and return to the Fire Department or Gearhart City Hall offices.

1. General Application
 - a. Background Check Release
 - b. Statement of Vaccination or Waiver
 - c. Release of Training Records
 - d. General Requirements for Successful Applicants

After the application has been received an interview will be scheduled with the applicant and the membership committee. This will give the applicant and the department an opportunity to ask questions and exchange information not contained in the application.

A Firefighter Physical is required within 6 months of a successful application and paid by the department.

You are welcomed and encouraged to attend any drills prior to the interview.

If you should have any questions, please contact the fire department or Fire Chief.

Due to recent changes in the Department of Public Safety Standards and Training Fire Certification Program the "highlighted" areas within the application are required to be included in any application for membership by the fire department (OAR 259-009-0070).

***Cadet Program** – High School students ages 16 to 18 years old, not available on-line.

Gearhart Fire Department

Application for Membership Information

Name: _____ DOB: _____
Last First MI

Address: _____
(Street) (City)

Mailing Address if different: _____
(PO Box) (City)

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Cell Phone Carrier: _____ Is your cell an apple or droid?: _____

Would you like to receive text messages for GVFD incident dispatch? YES NO

Social Security #: _____ Driver License # _____ State _____

DPSST # (if applicable) _____

Place of Employment: _____

Availability for Fire / EMS Incidents: Daytime Night Weekends

Will your employer release you for Emergency Incidents? Yes No

E-mail Address: _____

*****Emergency Contact Information*****

Emergency Contact Name: _____
First Last

Relationship: _____ Phone #: _____ Cell #: _____

Address: _____
(Street) (City) (State) (Zip)

*****Personal Information*****

Spouse Name: _____ Phone #: _____

Work History

List Work History for Past Five Years and Contacts if Available:

Personal Reference

List Three Personal References Including Address & Phone (exclude relatives):

Criminal History

Have You Ever Been Arrested or Convicted of a Crime? Yes No (If YES please explain)

Driving Record

Do you have a current valid driver license? Yes No

Has your driver licenses ever been suspended? Yes No (If "YES" please explain):

Education History

High School Diploma Yes No School _____ or GED Yes No

College: Degree Yes No Number of Years Attended___ College:

Military History

Military: Yes No Discharged: Honorable General

Under less than honorable Bad conduct Dishonorable Dismissal

Drug and Alcohol Use*

Have you ever used illegal drugs? Yes No
Do you currently use illegal drugs? Yes No
Have you ever been arrested for any drug and/or alcohol related activity? Yes No
Have you ever been convicted for driving under the influence of alcohol? Yes No

Medical History

Have You Had a Physical Exam in The Past Two Years? Yes No
When: _____ Reason for Exam: _____

To Your Knowledge, Do You Have Any of the Following:

Hernia or Rupture	Y	N	Rheumatism or Arthritis	Y	N
Diabetes	Y	N	Any Venereal Disease	Y	N
Back Injury	Y	N	Defective Hearing	Y	N
Epilepsy	Y	N	Dizziness	Y	N
Defective Sight	Y	N	Heart Conditions	Y	N
High Blood Pressure	Y	N	Tuberculosis	Y	N
HIV	Y	N	Any Infectious Disease	Y	N

If Yes to any of the above and/or have any other medical condition (past or current), please explain below, attached or on reverse side:

List All Special Training and Skills:

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR DISMISSAL FROM THE *Gearhart Volunteer Fire Department*.

Applicant's Signature: _____ Date: _____

Gearhart Fire Department

Background Check Release Form (Section A)

The undersigned states and acknowledges that he / she has freely and voluntarily made application to take the Gearhart Fire Department examination for position of volunteer firefighter, that he / she has been advised and warned that the said examination will involve in part, a background check for satisfactory driving record, lack of criminal history & arrests, drug and alcohol use, education verification, employment history and military history verification. Background check will be completed by The Oregon Department Public Safety Standards & Training.

WHEREFORE, the undersigned hereby expressly releases the City of Gearhart, its officers, agents, and employees from damages and liability and authorizes the background check to be conducted as part of the application process.

Name of Applicant (please print/type)

Signature of Applicant

Date

Signature of Fire Chief

Date

Gearhart Fire Department

(Section B)

STATEMENT OF HEPATITIS “B” VACCINATION OR WAIVER

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection.

PLEASE FILL IN THE BLANKS AS THEY APPLY TO YOU.

I, _____ have received the required inoculations for

Print Name

Hepatitis B virus (HBV).

Location of Inoculation (hospital, clinic, etc.): _____

Approximate Date(s): _____
Date of First Inoculation Date of Second Inoculation Date of Third Inoculation

Sponsoring Agency (FD, hospital, work, school, etc.) _____

Employee Signature

Date

I, _____ **decline** Hepatitis B (HBV) vaccination at this time.

Print Name

I understand that by declining vaccination, I continue to be at risk acquiring Hepatitis B, a serious disease.

Employee Signature

Date

Gearhart Fire Department

(Section D)

Requirements for all new successful applicants:

1. Complete the Gearhart Fire Department's online Recruit Academy, Clatsop County Recruit Academy or combination of and complete all skills evaluation.
2. Complete the Health Care Provider CPR course instructed yearly by GVFD.
3. Complete the following on-line courses* (print or e-mail the certificate for your training records):
 - a. Hazardous Material Awareness course
 - b. ICS 700 & ISC 100
 - c. Bloodborne Pathogens

The following on-lines courses* are suggested but not required within the first year:

- a. ICS 200
 - b. Basic Fire Investigation 100
4. Complete S-130/S-190 (Basic Wildland Training) within one (1) year unless an extension is approved by the Fire Chief.
 5. Hazardous Materials Operation within one (1) year unless an extension is approved by the Fire Chief.
 6. Shall live or work within the City of Gearhart, Gearhart Rural Fire Protection District or within a *reasonable response time of either station: 670 Pacific Way (main station) or 33496 West Lake Road (substation). *TBD by the Department

* On-line course links are available on the gearhartfire.com website (training section).