Coos Bay Fire Department



Volunteer Firefighter Program We would like to take this time to thank you for your interest in becoming a volunteer with the Coos Bay Fire Department. We hope that this experience will be everything that you hoped it would be. The Fire Department and its many functions can be demanding on your time especially when you are first starting. Our department is what is called a combination department which means that we have both career and volunteer personnel. In addition to this staffing we also have a Student Firefighter program.

The Department responds to over 4000 alarms each year. These alarms consist of Fire, EMS, Technical Rescue, and Hazardous Materials response. We conduct full department training on Wednesday night each week from 6-8 pm. The exceptions to this are the first Wednesday of each month is a volunteer meeting and around holidays and summer months we may decide to not have drills. The Department participates in many community events such as putting up and taking down holiday lights at Shore Acres, Parades, Open Houses, Fun Festival, Blackberry Arts, and on the Fourth of July we have a fishing derby for children at Mingus Park and fireworks in the evening. Our Volunteer Association is very active in the community and there are other events that we are requested to participate in.

Once you have been accepted you will be assigned a mentor who will be your contact person through the first year to help get you acquainted. Your mentor will meet with you on a weekly basis to complete your entry level Firefighter training within the first six months. Once that is complete there will be other required training each year to maintain your state certifications. If you are looking for a career in the fire service or just wanting to help our community, we hope that we are able to accommodate your needs. Again thank you for helping your community, and welcome to the team.



COOS BAY FIRE DEPARTMENT VOLUNTEER APPLICATION

Please indicate the position that you are applying for

Application Information Name	Intern/Student Firefighter First	Middle
Name		Middle
Address (include mailing address if different) City State		Middle
Address (include mailing address if different) City State		
City State		
	Zip	
Telephone Home Message		
Best time to call: At work At	home	
Email Address:		
Driver's license number/state Type	e of license	
Background Information: Police and Fire Departr submitted with this application form.	nents require a completed supplem	nental application to be
Date of Birth [for purpos	e of background check only]	
Have you ever been convicted, pled guilty or no contest, or for	rfeited bond or bail for any crime oth	er than traffic violations?
Education, Training and/or Special Skills:		
Current Employer:		
Relevant Work Experience:		
Certification of Information/Release I certify that all statements made in this application or knowledge. I am aware that withholding pertinent in inaccurate will be cause for refusing further considerationly and not an indication of probably selection as a very background, including criminal history, wildlife very Department or another police agency authorized to consideration.	ormation or including information on of my application. I understand lunteer. I hereby authorize a corpolations and driving record by	n found to be grossly d this is an application mplete investigation of the Coos Bay Police
Signature:		



CITY OF COOS BAY

VOLUNTEER APPLICATION

500 Central Avenue, Coos Bay, Oregon 97420 (541) 269-8912

To Whom It May Concern

I respectfully request and authorize you to furnish the City of Coos Bay with any and all information that you may have concerning me, my employment, volunteer, and educational records.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested.

Print Name	
Signature	Date



COOS BAY FIRE DEPARTMENT Supplemental Application for Volunteer Firefighter

Application Information

Name						
	Last	First	Middle			
Occupation		Employed By				
High School Attended	i	City	State			
Graduated? Yes []	No [] Year Da	ate of Birth	City State			
Emergency Conta	ct					
Name:		Address:				
City:	State:	Zip Code:	Phone: ()			
Name:		Address:				
City:	State:	Zip Code:	Phone: ()			
Family Information	1					
Name of Spouse:		Date of Birth:				
Child:	Date of Birth:	Child:	Date of Birth:			
Child:	Date of Birth:	Child:	Date of Birth:			
Two Relatives Not	Living With You					
Name:		Address:				
City:	State:	Zip Code:	Phone: ()			
Name:		Address:				
City:	State:	Zip Code:	Phone: ()			
Local References						
Name:		Address:				
City:	State:	Zip Code:	Phone: ()			

background information					
Are there any incidents in your life	not mentioned he	rein which may reflect upon your suita	ability to perform the		
duties of a firefighter or which might	require further exp	anation? Yes [] No [] If yes, plea	ase explain.		
Do you have any injuries or health por Yes [] No [] If yes, please expla	_	mpact your ability to perform as a volun	teer firefighter?		
How did you learn about the Volunte	er Firefighter Prog	ram?			
Application Certification					
Department, and after completing Firefighters Association. If accepte Department and the City of Coos Ba	the required proled, I will willingly a ay. I understand a	ome a Volunteer Firefighter of the City cationary period a member of the Cabide by the rules and regulations of copy of my current valid driver's license and check. I understand that the app	coos Bay Volunteer the Coos Bay Fire e is needed as proof		
	aterial facts hereir	nental application are true. I agree and will cause forfeiture of all eligibility			
Signature of Applicant:	Signature of Applicant: Date:				
	FOR OFF	CE USE ONLY			
Application Received On	:	Physical Agility (P or F)	:		
Copy of Driver License Received On	<u>:</u>	Health Physical	:		
Application Sent To PD On	:	Issued Turnouts On	:		
Application Back From PD	•	Mask Fit Test & Mask Issued	·		
Interview Completed		Completed Task Performance	·		
Assigned a Mentor	•	Six Month Probation Completed	•		