



# Volunteer Application Packet



**PIERCE COUNTY FIRE DISTRICT #27**  
**12207 Lake Josephine Blvd.**  
**Anderson Island, WA 98303**

**Welcome to Anderson Island Fire/Rescue**

Thank you for your interest in becoming a volunteer firefighter with our department.

Drills are held each Tuesday night from 6:30 PM – 9:00 PM.

The first Tuesday of each month is the Firefighters Association meeting, safety meeting, and routine maintenance on all the apparatus. The second and third Tuesdays are fire suppression drills. The last Tuesday of each month is dedicated to emergency medical training.

**APPLICATION PROCESS:**

1. Fill out your application as completely and accurately as possible. You must provide a copy of your **driver's license** and proof of **auto insurance**.
2. When you return your application, we will schedule an orientation and entry interview with the Fire Chief. This is your opportunity to ask questions and understand expectations.
3. You will be expected to have an annual **physical examination**. If you have recently had a physical, then you may provide a copy of the physical report signed by your physician. This report is kept confidential. If you need a physical, we will provide for that. **Immunizations:** Due to the nature of our work, the following are required: annual TB testing; current tetanus shot, and annual flu shot; and Hepatitis B series for EMS. If you are current on these immunizations, we need a copy of documentation for the dates you last received them. If you need the immunizations, the District will provide for them.
4. You will be expected to pass a physical agility test.
5. Upon completion of the above, you will be expected to complete the required Recruit Academy.
6. Upon successful completion of the Recruit Academy, you will be assigned a mentor and will then become eligible to enroll in member benefits and begin earning your stipend.

**BENEFITS:**

Once eligible, you will receive a stipend based on our "points system" per drill attended and per call response. These stipends are paid quarterly to the volunteers and will have your FICA and Medicare withheld.

Our volunteers have the following benefits; however, please note that they are only available once you have completed the recruit academy and have maintained an acceptable attendance record:

1. Air and ground emergency transportation coverage (enrollment occurs twice a year; January & July);
2. A \$10,000 life insurance policy; and
3. Pension plan through the Board of Volunteer Firefighters, if you elect.

We are looking forward to you being a part of Pierce County Fire District #27.

**PIERCE COUNTY FIRE DISTRICT #27**

**12207 Lake Josephine Blvd.**

**Anderson Island, WA 98303**

**Anderson Island Fire/Rescue Application Volunteer Document**

<b>Name</b>		<b>Age</b>	<b>Height</b>	<b>Weight</b>
<b>Address:</b>			<b>Home Phone</b>	
<b>Cell Phone</b>	<b>Hair Color</b>		<b>Eye Color</b>	
<b>Date of Birth</b>	<b>Social Security #</b>			
<b>Email:</b>				

**Emergency Contacts:**

<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Address:</b>	<b>Phone:</b>

**Have you been convicted of a felony in the last seven (7) years?**       **Yes**       **No**

**If yes, explain:**

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**Do you have Fire Service experience?**      **Yes**       **No**

**Full Paid?**       **Volunteer?**       **Other**

<b>Dept./District</b>	<b>Term of Service</b>	<b>Rank</b>
<b>Certifications:</b>	<b>Completed</b>	<b>Expiration</b>

**EDUCATION HISTORY**

<b>School/University/Location</b>	<b>Years Attended</b>	<b>Diploma/Degree</b>

# Anderson Island Fire/Rescue Application Volunteer Document

## EMPLOYMENT HISTORY

Employer/Location	Date Hired	Date Left

Drivers License #	
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I hereby certify that the above answers are factual. Furthermore, I understand that this is not an offer of employment; I am applying to be a volunteer with Anderson Island Fire/Rescue.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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### Additional Information

## Anderson Island Fire/Rescue Application Volunteer Document

### STATEMENT OF PHYSICAL ABILITY

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| 1. Do you have difficulty:   |                          |                          |
| a) Reading small newspaper print (eyeglasses permitted)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Reading ordinary newspaper headlines without glasses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Seeing distant objects with either eye (eyeglasses permitted)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have difficulty distinguishing basic colors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have difficulty distinguishing shades of colors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any hearing difficulties, including hearing telephone conversations (hearing aid permitted)?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you wear a hearing aid?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any speech impairment which hinders:  |                          |                          |
| a) Person-to-person conversation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Telephone conversation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Speaking to groups of people?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have difficulty in using arms, hands or fingers for reaching in any direction, grasping, handling, or touching?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Can you type on a standard keyboard?    Yes <input type="checkbox"/> No <input type="checkbox"/> How many words per minute? _____ |                          |                          |

### PHYSICAL ENDURANCE FACTORS

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| During the work day are you physically able to perform the activities involving:                                   |                          |                          |
| 1. Sitting for long periods of time?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Standing for long periods of time?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Some walking on flat surfaces, slight inclines, and occasionally climbing stairs?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Frequent walking and/or climbing of stairs or steep inclines?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Occasional pushing and pulling motions as needed?<br>(for example, opening and closing of file drawers?)        | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Frequent pushing and pulling motions?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Occasional bending, stooping, and crouching?<br>(example, reaching bottom shelf of supply cabinet)              | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Frequent bending, stooping and crouching?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Occasionally lifting objects weighing up to 10-12 lbs.<br>and frequently carrying lightweight items?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Occasionally lifting objects weighing up to 20-25 lbs.<br>and frequently carrying items weighing up to 12 lbs.? | <input type="checkbox"/> | <input type="checkbox"/> |

# Anderson Island Fire/Rescue Application Volunteer Document

## ENVIRONMENTAL ENDURANCE FACTORS

Can you work under the following conditions:	Yes	No
1. Outside frequently?	<input type="checkbox"/>	<input type="checkbox"/>
2. Severe heat	<input type="checkbox"/>	<input type="checkbox"/>
3. Severe cold	<input type="checkbox"/>	<input type="checkbox"/>
4. Severe humidity	<input type="checkbox"/>	<input type="checkbox"/>
5. Severe dampness or chilling	<input type="checkbox"/>	<input type="checkbox"/>
6. Dry atmospheric conditions	<input type="checkbox"/>	<input type="checkbox"/>
7. Severe noise	<input type="checkbox"/>	<input type="checkbox"/>
8. Constant noise	<input type="checkbox"/>	<input type="checkbox"/>
9. Dusty atmospheres	<input type="checkbox"/>	<input type="checkbox"/>
10. Some exposure to fumes, gases or smoke	<input type="checkbox"/>	<input type="checkbox"/>
11. Some contact with solvents, greases, and oils?	<input type="checkbox"/>	<input type="checkbox"/>
12. Occasional walking over rough terrain	<input type="checkbox"/>	<input type="checkbox"/>
13. Some climbing of short ladders	<input type="checkbox"/>	<input type="checkbox"/>
14. Working below ground	<input type="checkbox"/>	<input type="checkbox"/>
15. Working alone	<input type="checkbox"/>	<input type="checkbox"/>
16. Occasional travel	<input type="checkbox"/>	<input type="checkbox"/>
17. Frequent travel	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL INFORMATION OR COMMENTS:**

### CERTIFICATION BY APPLICANT

I hereby certify that the above answers are true and factual and that I am in good health, to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

### SECTION F – FOR DISTRICT USE ONLY

Position to which applicant is assigned: \_\_\_\_\_

Other action taken: \_\_\_\_\_

Signature of appointing officer: \_\_\_\_\_

Date \_\_\_\_\_

**PIERCE COUNTY FIRE DISTRICT #27  
12207 Lake Josephine Blvd.  
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**FIREFIGHTER CODE OF ETHICS**

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following:

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be always truthful and honest and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties or bring discredit to my organization.
- Be respectful and conscious of each member's safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicles and equipment and that these are protected from misuse and theft.
- Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
- Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

Developed by the National Society of Executive Fire Officers

**PIERCE COUNTY FIRE DISTRICT #27**  
**12207 Lake Josephine Blvd.**  
**Anderson Island, WA 98303**

I understand that I can elect to participate in a volunteer firefighters' pension plan through the state by paying annual contributions deducted from my reimbursement stipends.

I \_\_\_\_\_, hereby request (*select one*):

**Option 1: VOLUNTARY DEDUCTION REQUEST**

**Yes, I do want to be included in the Volunteer Pension. \***

I further request Pierce County Fire Protection District #27 withhold sufficient funds from any volunteer reimbursement owed me to ensure District funds are not expended for private use. I understand that either party upon may revoke this agreement written notice not less than thirty (30) days prior to revocation.

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

**Option 2: WAIVER of PENSION DEDUCTION**

**No, I do not want any pension funds withheld from my volunteer reimbursement and do not wish to be included in the Volunteer Pension.**

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

\* **PLEASE NOTE:** The volunteer pension program has an annual enrollment, which takes place at the end of each year. You will be responsible to contribute \$30 annually, which will be withheld from your volunteer reimbursement check for the 4<sup>th</sup> quarter of each year. The department matches \$30 annually. If you did not earn reimbursement for that quarter, then your portion of the pension would need to come directly from you instead of being withheld from your reimbursement check.

The minimum requirements for vesting or qualifying for a pension under the Volunteer Firefighters' Pension Plan are 10 years of service and [at least] one payment into the pension fund. The amount of the pension vested increases for each five years of service beyond the minimum 10 years and for each pension payment made. The maximum pension for a volunteer is fully vested with 25 of service and 25 payments into the pension fund.



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## **REQUEST FOR ABSTRACT OF DRIVING RECORD**

An abstract of driving record must be obtained through the Department of Licensing in Olympia. This form may be used to request a copy of your driving record by completing the following information:

Print Full Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

Complete Washington Driver License Number: \_\_\_\_\_

Please indicate the purpose of the driving record. If none of the boxes are marked, form will be returned.

- Three-year insurance record.
- Five-year employment/commercial record.
- Five-year record (shows all convictions, accidents, and suspension/revocation actions).

**I HEREBY AUTHORIZE THE DEPARTMENT OF LICENSING TO RELEASE MY DRIVING RECORD INFORMATION TO THE FIRE DEPARTMENT AND ITS INSURER AT THE ADDRESS INDICATED ABOVE.**

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_

**PIERCE COUNTY FIRE DISTRICT #27**  
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Date: \_\_\_\_\_

Criminal Background Check  
930 Tacoma Ave. S.  
Tacoma, WA 98303

Re: Criminal Background Check

To Whom It May Concern:

We would like to request a Criminal Background Check on the below listed individual that has applied to become a volunteer firefighter with the Anderson Island Fire Department, Pierce County Fire District #27.

The check is to include any current or pending criminal charges that they may have.

<u>Name</u>	<u>DOB</u>	<u>SS#</u>
<u>SEX</u>	<u>DL#</u>	<u>Exp.</u>

Thank you for your time and assistance. Please feel free to contact me with any questions.

Thank you,

Jim Bixler  
Chief

**Washington Fire Commissioners Association (WFCA)  
Volunteers**

Standard Insurance Company

**Enrollment and Change**

**To Be Completed By Human Resources**

Group Number <b>645730</b>	Division	Billing Category	Date of Employment
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**To Be Completed By Applicant**  Apply for Coverage  Beneficiary Change *Complete Beneficiary Section below.*  Name Change

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Your Address	City	State	ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>	Phone Number		
Employer Name	Job Title/Occupation		
Hours Worked Per Week	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

**Coverage** Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.

**Life Insurance**

Life with AD&D (Employer Paid)

**Beneficiary** This designation applies to Life Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.

Primary - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit
Contingent - Full Name	Address	Soc. Sec. No.	Relationship	% of Benefit

**Signature** I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I represent that the statements contained herein are true and complete, to the best of my knowledge and belief. I acknowledge that I have read the Fraud Notice which pertains to my state of residency on the back of this form.

Member/Employee Signature Required \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

*Return completed form to your Human Resources Department.*

## Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
  1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
  2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
  3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

## Fraud Notices

FOR RESIDENTS OF AR, DC, KY, LA, ME, NM, OH, TN: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

FOR RESIDENTS OF CO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FOR RESIDENTS OF NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FOR RESIDENTS OF PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**PIERCE COUNTY FIRE DISTRICT #27**

**12207 Lake Josephine Blvd.**

**Anderson Island, WA 98303**

**Media Release Form**

Pierce County Fire District #27 has my permission to use my photo/video publicly for educational and promotional purposes. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

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

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Media Release Form for Minors (if under 18)**

Pierce County Fire District #27 has my permission to use my child's photo/video publicly for educational and promotional purposes. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_