



CLATSKANIE RURAL FIRE PROTECTION DISTRICT  
PO BOX 807, 280 SE THIRD  
503-728-2025, FAX 503-728-4388  
[www.clatskaniefire.org](http://www.clatskaniefire.org)

## APPLICATION FOR CLATSKANIE RURAL FIRE PROTECTION DISTRICT VOLUNTEER

The Clatskanie Rural Fire Protection District considers applicants without regard to race, color, gender, age, religion, national origin, disability, marital status, veteran status or any other legally protected status.

Position Desired: Firefighter  EMS  Logistics  Intern   
(Check any positions that are desired)

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

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Email: \_\_\_\_\_

### EDUCATION TRAINING RECORD

Education: List School & Location	Type of Training or Major	Completion Date	Degree or Certification



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**LIST LICENSES OR CERTIFICATIONS**

(Please submit a copy of any license or certification listed below)

Title of License or Certificate	Number	Issuing Agency	Date Issued and Expires

**SKILLS AND ABILITIES**

List any skills you have which are pertinent to the position:

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**PERSONAL REFERENCES:** Give name, address, and telephone number of three references who are not related to you and are not previous employers. Please include daytime and evening phone numbers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



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LIST ALL WORK EXPERIENCE INCLUDING VOLUNTEER, INTERN &  
 MILITARY  
 (ATTACH ADDITIONAL PAGES IF NECESSARY)

Name of present Employer	Kind of Business	Address & Phone #	
Employment Dates From/To:			
Job Title	Supervisor	Supervisor's Job Title	May We Contact?
Job Duties			

Name of previous Employer	Kind of Business	Address & Phone #	
Employment Dates From/To:			
Job Title	Supervisor	Supervisor's Job Title	May We Contact?
Job Duties			

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STUDENT INTERN APPLICANTS

Program of Study: \_\_\_\_\_

Have you been accepted into a program?     Yes    No

If yes, please answer the following questions.

Which school have you been accepted to?

\_\_\_\_\_

How many credits have you completed? \_\_\_\_\_

What is your current GPA? \_\_\_\_\_



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(FOR OFFICE USE ONLY)

Date Application Received: \_\_\_\_\_ By: \_\_\_\_\_

Interview Date/Time: \_\_\_\_\_

Comments:

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Date of Chief's Review: \_\_\_\_\_

Chief's Comments:

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Accepted  Denied  Date Notified: \_\_\_\_\_