

WHAT IT TAKES TO BECOME A NEWPORT FIRE DEPARTMENT VOLUNTEER

If you are thinking about becoming a Newport Volunteer Firefighter we would like to say Congratulations! Firefighting is an exciting and rewarding job. Our volunteers and our career staff work side-by-side with each other. In order for you to get there, though, it is important that we let you know what to expect of us and what is involved for you.

- **Physical Examination** – there will be a complete physical examination required and paid for by Newport Fire. The examination will be scheduled between you and Samaritan Occupational Medicine. This examination is required to keep your health risks at a minimum by testing and eliminating any risk factors there may be to you.
- **Training** – we provide training for you at no cost. We have books and materials for your use to study and review. We have a fire fighting academy twice a year. The academy is for 12 weeks, twice a week. Each class is 2-3 hours long. Academy would be 60-80 hours to complete.
- **Drills** – we provide classroom/ hands-on drill training every Wednesday night on different topics. These are 2-hour long classes and the instructors give you hands-on training. Drills are from 7-9 p.m. each week. We occasionally have Saturday trainings, as well, available.

In order to continue as an active volunteer you will be required to participate in drills or training classes 60 hours a year or approximately 2 hours a week, to maintain your accreditation once it is achieved. If you decide that firefighting is not for you and you would rather continue your training in a specialized field or support role, you can get the basic skills for many of these through Newport Fire. Also available is instruction in the basic skills for rope rescue, medical, extrication, haz mat, wildland firefighting and EMT at little or no cost to you.

If you have any questions, please feel free to ask.



Volunteer Application and Placement Form

Return completed application to: **Newport Fire Department**
245 NW 10th Street
Newport, OR 97365

Name		Date	
Address		Contact Phone #	
City/Zip		E-mail	

Are you under 18 years of age? (Circle one) **YES** **NO**
 (If under age 18, the parental consent form **MUST** be completed and returned with the completed application)

Current Employer		Phone	
From:	To:	Position	
Education, Work, or Volunteer Experience			

Former Employer		Phone	
From:	To:	Position	
Education, Work, or Volunteer Experience			

Former Employer		Phone	
From:	To:	Position	
Education, Work, or Volunteer Experience			

Former Employer		Phone	
From:	To:	Position	
Education, Work, or Volunteer Experience			

Applicable Skills and/or Certifications

Additional Questions

How long have you lived at your present address? _____

Are you able to perform the essential functions of the position, with or without reasonable accommodation? _____

Are you able to commit to the training, drill, and meeting requirements of the volunteer position? _____

Languages that you speak: _____

Languages that you write: _____

List the hours you are available or prefer:

Sun	Mon	Tue	Wed	Thu	Fri	Sat

REFERENCES - Please provide a minimum of three personal references.

Personal Reference (not related)

Name		Phone		Relationship	
Address			City/State/Zip		

Personal Reference (not related)

Name		Phone		Relationship	
Address			City/State/Zip		

Personal Reference (not related)

Name		Phone		Relationship	
Address			City/State/Zip		

Personal Reference (not related)

Name		Phone		Relationship	
Address			City/State/Zip		

Personal Reference (not related)

Name		Phone		Relationship	
Address			City/State/Zip		

Personal Reference (not related)

Name		Phone		Relationship	
Address			City/State/Zip		

Agreement and Signature

I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments, or supporting documents may result in denial of volunteering, or immediate termination of a volunteer assignment.

I understand that an in-depth background check may be conducted prior to being accepted as a volunteer with the City of Newport. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, or credit check in order to determine suitability for volunteering. (You will be contacted again if an in-depth background check is utilized.)

I authorize representatives of City of Newport to contact the employers and references listed in this application (or otherwise provided by me), and any other person as developed through these contacts in order to determine my suitability for volunteering. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if assigned to a volunteer position, my volunteer relationship with City of Newport, Fire Department is for no definite period and the relationship may be terminated at any time and without prior notice by either party.

Name (printed)	
Signature	
Date	

The signed Volunteer Waiver and signed Release forms must be attached to the application.

Incomplete applications will not be considered.

It is the policy of City of Newport to fill volunteer vacancies with the most qualified individuals. Volunteer applicants will be considered on an equal basis without regard to age, race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected under state, federal, or local law.

Thank you for completing this application form and for your interest in volunteering with us!

For Internal Use Only

Volunteer Name: _____

Date: _____

Referred or Placed:

Department & Staff	Volunteer Position	Copies Sent by	Date

Enter Date Completed (if applicable)

Application		Interview Held	
Reference Check		Job Description Provided	
Background Check		Volunteer Orientation & Certification	
DMV Check		Insurance Coverage & Waiver	
Parental Consent Form		Auto and General Liability Waivers	

Comments

Please complete and forward to Human Resources along with the completed Background Request form.



New Employee Info Form

Employee Number (assigned by HR): _____

PLEASE PRINT

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____

Hire Date: _____ Position: _____

Department: _____ Manager: _____

Home Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Personal E-mail Address: _____

Date of Birth: _____

*Drivers License # and State Issued: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Information: _____ / _____
Home phone Work phone

Employee Signature

Date

All private information will be kept strictly confidential.



EMERGENCY MEDICAL & CONTACT INFORMATION

Name

Date of Birth

Mailing Address

City, State, Zip

Home Phone

Work Phone

Primary Emergency Contact

Secondary Emergency Contact

Primary Contact Phone

Secondary Contact Phone

MEDICAL INFORMATION

Hospital or Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

**CITY OF NEWPORT
NEWPORT FIRE DEPARTMENT VOLUNTEER**

UNDERSTANDING AND AGREEMENT

I understand that participation, as a volunteer firefighter in Newport Fire Department, is a physically and emotionally demanding undertaking. I agree to attend all meetings, drills, and alarms unless I am unavoidably detained or otherwise excused by the Fire Chief of the City of Newport or his authorized representative.

I agree to comply with all the requirements, rules, regulations, and policies of the City of Newport, Newport Fire Department, and with all lawful orders of the chief of the Newport Fire Department and/or his authorized representatives.

I understand the dangers associated with firefighting, and I assume all risks to which I may be exposed as a result of my participation as a volunteer firefighter and in consideration of my acceptance as a volunteer firefighter, I waive any and all claims against the City of Newport, its officers, agents, employees, and representatives, or against any member of Newport Fire Department.

I understand that my service is as a volunteer, and that I will serve without compensation with the exception of a nominal stipend.

I understand that the City of Newport has a zero tolerance policy for drugs, under federal law, which includes medical and recreational marijuana, and alcohol, and that I am subject to testing for such substances in accordance with city policy.

SIGNATURE _____

DATE: _____

Volunteer Waiver

As a volunteer working at City of Newport, you need to have an understanding of the extent to which you are covered by insurance for liability and personal injury or illness. Please read the following carefully and sign below.

TORT LIABILITY

City of Newport will indemnify and defend you against civil actions for injuries or damage to the person or property of others, subject to the following general conditions:

- You are working on a task assigned by an authorized City of Newport supervisor for the benefit of City of Newport
- You limit your actions to the duties assigned (defined in the assigned duties section below).
- You perform your assigned duties in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

The conditions and limits of this protection are stated in the Oregon Tort Claims Act, ORS 30.260 – 30.300.

MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Oregon law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. State provided automobile liability coverage may apply on a limited basis only after your primary coverage limits have been used and only where the indemnification conditions set forth above are applicable. You **MUST** possess a valid driver's license.

VOLUNTEER INJURY COVERAGE (VIC)

Workers' compensation coverage is provided. The City of Newport has an injury protection plan to cover injuries of authorized volunteers. It is limited to injuries resulting from the volunteer acting within the course and scope of his/her assigned duties.

REPORTING RESPONSIBILITY

Any time you are involved in any accident or injury to person or property while performing assigned duties, you **MUST** inform your immediate supervisor as soon as possible.

WAIVER OF LIABILITY

As an authorized volunteer for City of Newport I understand that City of Newport will provide workers' compensation coverage for me in the event I suffer injury due to an accident while performing authorized volunteer duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge City of Newport from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against City of Newport or its officers, elected officials, agents or employees, and from all liability under the Oregon Tort Claims Act, ORS 30.260 – 30.300, for any and all harm or damage to my health in any matter resulting from or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260 –30.300 to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS OF VOLUNTEER SERVICE AND WAIVER OF LIABILITY. I CERTIFY THAT ANY PERSONALLY OWNED VEHICLE USED IN THE COURSE OF MY VOLUNTEER DUTIES ARE INSURED IN ACCORDANCE WITH OREGON INSURANCE REQUIREMENTS.

I AGREE AND ACKNOWLEDGE THAT MY PARTICIPATION AS A VOLUNTEER FOR THE CITY OF NEWPORT FIRE DEPARTMENT IS COMPLETELY VOLUNTARY AND THAT I HAVE NEITHER RECEIVED NOR EXPECT TO RECEIVE ANY COMPENSATION (OTHER THAN A SMALL STIPEND) OR OTHER BENEFIT FOR MY PARTICIPATION AS A VOLUNTEER.

I UNDERSTAND THAT IN ORDER TO RECEIVE THE PROTECTIONS SET FORTH IN THIS AGREEMENT; THE FOLLOWING MUST BE COMPLETED AND APPROVED BY AN AUTHORIZED REPRESENTATIVE OF THE CITY OF NEWPORT.

Name		Home Phone	
Address		Alt. Phone	
City/ST/Zip		Email	
Driver's License Number		Auto Insurance Company/Policy No.	
Signature		Date	
Supervisor Name		Phone	

REQUIRED FOR ALL MINORS:

PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I, _____, as parent or legal guardian hereby grant permission for to do volunteer work City of Newport. In the event of an emergency, accident, or illness, I authorize City of Newport and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

Signature: _____ **Date:** _____

Note: Complete a new form each year for volunteer service that continues into the next fiscal year or when volunteer duties change.