

Coos Bay Fire & Rescue



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 & Rescue. 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 and an Auxiliary group.

The Department responds to approximately 2100 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 7-9PM. The exceptions to this are the first Wednesday of each month is a volunteer meeting and around holidays 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 you 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.



City of Coos Bay
at your service

VOLUNTEER APPLICATION

Check the departments you are interested in working::

- Police Dept. Reserve
- Police Dept. Office Aid
- Police Dept. Disabled Parking Enforcement
- Fire Dept.
- Finance
- Library
- City Manager's Office
- Public Works Office
- Public Works Parks

Application Information

Name _____
Last First Middle

Address (include mailing address if different) _____

City _____ State _____ Zip _____

Telephone Home _____ Message _____ Cell _____

Best time to call: At work _____ At home _____

Driver's license number/state _____ Type of license _____

Background Information: Police and Fire Departments require a completed supplemental application to be submitted with this application form.

Date of Birth _____ [for purpose of background check only]

Have you ever been convicted, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations?
Yes [] No [] If yes, please explain (Conviction does not necessarily disqualify you from a volunteer position).

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 appended to it are true and correct to the best of my knowledge. I am aware that withholding pertinent information or including information found to be grossly inaccurate will be cause for refusing further consideration of my application. I understand this is an application only and not an indication of probable selection as a volunteer. I hereby authorize a complete investigation of my background, including criminal history, wildlife violations and driving record by the Coos Bay Police Department or another police agency authorized to conduct their application investigations.

Signature: _____ Date: _____



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 AND RESCUE
Supplemental Application for Volunteer Firefighter

Application Information

Name _____
Last First Middle

Occupation _____ Employed By _____

High School Attended _____ City _____ State _____

Graduated? Yes [] No [] Year _____ Date of Birth _____ City _____ State _____

Emergency Contact

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Family Information

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 herein which may reflect upon your suitability to perform the duties of a firefighter or which might require further explanation? Yes [] No [] If yes, please explain.

Do you have any injuries or health problems that may impact your ability to perform as a volunteer firefighter? Yes [] No [] If yes, please explain.

How did you learn about the Volunteer Firefighter Program?

Application Certification

I, the undersigned, hereby make application to become a Volunteer Firefighter of the City of Coos Bay, Fire and Rescue Services, and after completing the required probationary period a member of the Coos Bay Volunteer Firefighters Association. If accepted, I will willingly abide by the rules and regulations of the Coos Bay Fire Department and the City of Coos Bay. I understand a copy of my current valid driver's license is needed as identity proof and supplemental information for background check. I understand that the application may not be accepted without it.

I further certify that all statements made in this supplemental application are true. I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture of all eligibility to any service or employment in the City of Coos Bay.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Application Received On	: _____	Physical Agility (P or F)	: _____
Copy of Driver License Received On	: _____	Issued Turnouts On	: _____
Application Sent To PD On	: _____	Mask Fit Test & Mask Issued	: _____
Application Back From PD	: _____	Completed Task Performance	: _____
Interview Completed	: _____	Six Month Probation Completed	: _____
Assigned a Mentor	: _____		