



Jack Willard
Fire Chief

CHENA-GOLDSTREAM FIRE & RESCUE

716 Chena Ridge Road, Fairbanks, Alaska 99709

Business (907) 479-5672 FAX: (907) 479-5858

EMERGENCY: 911



Anna Sorenson
President

VOLUNTEER APPLICATION

Before you complete this application, there are some policies regarding membership in and response with this Department that we would like you to be aware. Please consider these standards and the commitment they demand carefully. If you feel willing and able to fulfill these obligations, we invite you to complete this application.

All new Chena Goldstream volunteers must be eighteen (18) years of age, and have had a driver's license for at least two (2) years. You must attend a series of recruit classes and complete other requirements before they can respond to calls. You may attend training as a guest. Recruit classes normally run twice each year: usually, August-October and March-May, or as needed.

Department training is conducted on Tuesday nights from 7-10pm. All volunteers must attend a **minimum** of 50% of discipline's training per quarter and pull their required five shifts per month, sixty hours, to maintain an active response status.

All volunteers must attend annual training in blood-borne pathogens and hazardous materials, must pass an annual physical agility test, and must maintain a current CPR certification in order to respond on emergency calls.

A CGFR officer will query your name on Alaska.gov's court records "Court View" to access any criminal records history in the state of Alaska. If you have lived in any other state from the age of 16, you will have to provide a copy of your criminal history from that state or states. A copy of your Driving Record from every state that you have held a license for is required and can be obtained from DMV on Peger Road. A copy of your Driving Record **must** be turned in with the application.

Chena Goldstream Fire and Rescue considers applications for all positions without regard to race, religion, sex, nationality, marital status, handicap or any other legally protected status.

If you have any questions, please feel free to contact the Recruit Coordinator. Return completed applications to the Administrative Assistant. Your application will be filed and you will be notified to attend a meeting before the next recruit class begins. Thank you for your interest.

PERSONNEL INFORMATION FORM

PLEASE PRINT OR TYPE

Fire EMS Fire/EMS Support

Last Name _____ First Name _____ MI _____

Street Address _____

PO Box _____ Apartment# _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

DOB _____ Height _____ Weight _____ Haircolor _____ Eyecolor _____

Allergies _____

Any Identifiable Body Marks _____

Drivers License # _____ State _____ Exp. Date _____

Nearest Relative Not Living With You _____

Address _____

Relationship _____ Phone # _____

Your Employer _____

Address _____

Phone _____ Length of Service _____ Your Position _____

Marital Status _____ Spouse's Name & Work Ph # _____

Children (Name/Age) _____

Firefighter Certification # _____ EMT Level/Cert# _____

CPR Certification Date _____

Have you ever been convicted of:

A Felony? _____ Yes _____ No

A Misdemeanor Within The Last Three Years? _____ Yes _____ No

A DWI Charge? _____ Yes _____ No

How many traffic violations have you had in the last 3 years? _____

This Information Will Be Held Confidential And Will Not Be Released For Any Reason Without The Express Consent Of The Signatory.

I certify that the above information is true and accurate to the best of my knowledge. I understand that willful falsification of this information may be considered grounds for dismissal.

SIGNATURE _____ DATE _____

What experience do you have in fire, rescue or EMS? _____

Have you ever worked for a fire department or ambulance service before (when, where, in what capacity)?

Are you certified as a teacher or instructor in any field?

Do you have any special or unusual skills (i.e. foreign languages, technical expertise, pilot, etc.)?

How did you hear about Chena Goldstream Fire & Rescue? Newspaper Ad _____

Radio Ad _____ Personal contact by member _____ Local event _____ Posted Sign _____

Other: _____

Comments: _____

Do you have any known medical conditions that would limit or prevent your participation in training or on emergency scenes?

What made you decide to become a volunteer? _____

Do you have any specific goals with regard to your participation in the department?

How much time do you expect to commit to the department each month? _____

Are you involved with any other local organizations?

Describe any leadership positions you have held. _____

Do you have any problems working within a chain of command? _____

Do you have any problems wearing a uniform? _____

What is the highest level of education/degree you have completed?

In what capacity are you most interested in volunteering (i.e., fire, EMS, administrative support, technical support)?

How will your family react to the time commitment of a fire department? _____

Do you have a fear of: Heights? ____ Yes ____ No Confined Spaces? ____ Yes ____ No

What is your greatest strength? _____

What is your greatest weakness? _____

Thank you for taking the time to fill out this application. You will be contacted before the next recruit class begins. **In the mean time you are welcome to attend training on Tuesday nights at 7 PM.**