



Coastside Fire Protection District Volunteer Firefighter Application

Thank you for your interest in becoming a volunteer firefighter with Coastside Fire Protection District. This application packet includes required forms and other information relating to volunteering with us in the fire service.

Volunteering is a commitment to help people at all hours of the day or night, seven days a week, in any kind of weather, and sometimes under very stressful and emotional conditions. It is also a rewarding activity, allowing you to develop skills to deal with a variety of situations that include structure and wildland fires, medical emergencies, vehicle accidents, hazardous materials incidents, and many other emergencies.

We train volunteer firefighters on a rotating basis as space and needs allow. The minimum requirements to apply are:

- Be at least 18 years of age
- A high school diploma graduate or have a G.E.D. equivalent
- Be a good moral character and maintain good physical condition
- Have a legal right to live and work in the United States
- Pass an initial Physical Ability Test and pass recurring "Fitness for Duty" medical examinations
- Free from felony criminal record.
- Possess a valid CA class C driver license
- Live within the service boundaries of Coastside Fire Protection District
- Have uninterrupted access to reliable transportation for responding to general alarms.
- Valid vehicle registration and at least minimum personal vehicle insurance coverage necessary to operate said vehicle on public roads.
- Agree to abide by all policies, rules, regulations set forth by Policies and Procedures of the CFPD.

Please fill out the forms in the attached packet and return them. Each form must be **filled out completely**. There is an application checklist in the packet that will help you verify that you have completed each required item.

If you have any questions, please ask and we will be happy to provide you an answer. You can email your questions to cfpdadmin@fire.ca.gov

Coastside Fire District Volunteer Firefighter Application and Training Process

STEP 1: APPLICATION & SUBMISSION

- Complete application packet, including:
 - Copy of DMV License Record Printout, obtained from DMV
 - Copy of Proof of Vehicle Liability Insurance
 - Copy of Valid CDL
- Applicant submits completed application packet to:
 - cfpdadmin@fire.ca.gov
- Attend Orientation session
- Completion of Candidate Physical Ability Test (CPAT)

STEP 2: DEPARTMENT APPLICATION REVIEW

- Application is entered into database (by SSA), personnel file is created and information is forwarded to the Training/EMS Battalion Chief who approves/denies the application.
 - Denied: Applicant receives a letter with the reason for denial.
 - Approval: Applicant receives a letter with instructions on next steps

STEP 3: INTERVIEW

- Applicant will complete an oral interview
 - Denied: Applicant receives a letter with the reason for denial.
 - Approval: Applicant receives a letter with instructions on next steps

STEP 4: EMPLOYMENT ELIGIBILITY, MEDICAL CLEARANCE AND BACKGROUND

- Applicant submits a completed form I-9 in person to the Training Division
- Applicant submits completed medical stress duty statement paperwork to:
 - cfpdadmin@fire.ca.gov
- Applicant completes medical exam. Training Division receives medical clearance or denial from health provider.
 - Denied: applicant receive a letter of denial from the Training Officer.
 - Approved: Training proceeds with the background investigation.
- Applicant completes Live Scan. Department completes background investigation. Training Division receives background investigation report
 - Denied: applicant receives a letter of denial from Training Officer.
 - Approved: Applicant receives a letter from the Training Officer with instructions on:
 1. Obtaining PPE
 2. Obtaining Volunteer Uniform letter of authorization
 3. Volunteer Firefighter Academy dates/locations
 4. Complete Academy paperwork

STEP 5: Training and Response

- Volunteer Firefighters complete all Trainee requirements within 18 months from date of hire. Upon completion.



COASTSIDE FIRE PROTECTION DISTRICT

1191 Main Street
Half Moon Bay, CA 94019

APPLICATION FOR VOLUNTEER POSITION

I reside within the Coastside Fire District
I have signed page 2 of application

APPLICANT'S NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF S.S. #
MAILING ADDRESS (Number and Street or Post Office Box)			WORK TELEPHONE NUMBER
(City)	(State)	(Zip Code)	HOME TELEPHONE NUMBER
E-MAIL ADDRESS			CELL TELEPHONE NUMBER

ANSWER THE FOLLOWING QUESTIONS:

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1. Do you need reasonable accommodation to take an oral interview? YES NO
 2. Do you meet the minimum age requirement of 18 years? YES NO
 If you are not 18, please provide your date of birth: _____
 3. Are you legally eligible to work legally in the United States? YES NO

 4. Do you possess a valid and insurable California Driver License? YES NO
 License # _____ Class: _____ Restrictions: _____
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5. Have you ever: (if "YES", list specifics on a separate sheet of paper and refer to the instructions for further details)
 - a. Been dismissed or fired from a position for any reason? YES NO
 - b. Resigned from or quit a position while under investigation or after being informed discipline would be taken against you, or during an appeal from disciplinary action? YES NO
 - c. Been rejected or told you would not receive permanent or continued employment during any type of probationary or trial period on the job? YES NO

APPLICANT'S NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF S.S. #
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EDUCATION

TYPE	NAME OF SCHOOL & ADDRESS	NO. OF YEARS	DID YOU GRADUATE?	MAJOR SUBJECT	DEGREE/DIPLOMA/CERTIFICATION
HIGH SCHOOL/GED					
UNIVERSITY OR COLLEGE					
UNIVERSITY OR COLLEGE					
BUSINESS OR TRADE SCHOOL					

TRAINING

A. CERTIFICATIONS

CALIFORNIA STATE FIRE MARSHAL VOLUNTEER FF	YES	NO
CALIFORNIA STATE FIRE MARSHAL FIRE FIGHTER I	YES	NO
CALIFORNIA STATE FIRE MARSHAL FIRE FIGHTER II	YES	NO
HAZ-MAT FIRST RESPONDER-OPERATIONAL	YES	NO
CONFINED SPACE RESCUE AWARENESS	YES	NO

B. EMERGENCY MEDICAL COURSES

CPR	YES	NO
PUBLIC SAFETY/FIRST AID	YES	NO
FIRST RESPONDER	YES	NO
EMERGENCY MEDICAL TECHNICIAN	YES	NO
PARAMEDIC	YES	NO

GENERAL INFORMATION

Why do you wish to become a volunteer firefighter/emergency medical responder?

Will your employer allow you to respond during work hours to fire calls? YES NO

Drills are held on Wednesdays evenings. Will you be able to regularly attend these drills? YES NO

Are you able to communicate in a foreign language? YES NO _____
Language(s)

CERTIFICATION - IMPORTANT - PLEASE READ BEFORE SIGNING - If not signed, this application may be rejected.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand any false, incomplete, or incorrect statements may result in my disqualification from the selection process or dismissal from employment with the Coastside Fire Protection District. I authorize the employers and educational institutions on this application to release any information they may have concerning my employment or education to the Coastside Fire Protection District. Resumes will not be accepted in lieu of a completed application.

APPLICANT'S SIGNATURE

DATE SIGNED



The District is an equal opportunity employer. The District does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

APPLICANT'S NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF S.S. #
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WORK/EXPERIENCE/VOLUNTEER HISTORY: List the applicable information specified below including classification title, location, employer, and months of experience.
ALL INFORMATION WILL BE VERIFIED PRIOR TO APPOINTMENT.

FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (include Range or Level, if applicable)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	AGENCY NAME
		ADDRESS

DUTIES PERFORMED:

REASON FOR LEAVING

FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (include Range or Level, if applicable)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	AGENCY NAME
		ADDRESS

DUTIES PERFORMED:

REASON FOR LEAVING

FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (include Range or Level, if applicable)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	AGENCY NAME
		ADDRESS

DUTIES PERFORMED:

REASON FOR LEAVING

APPLICANT'S NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF S.S. #
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FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (include Range or Level, if applicable)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	AGENCY NAME
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DUTIES PERFORMED:

REASON FOR LEAVING

INSTRUCTIONS

Read the following instructions carefully before completing this application. All questions **must** be answered completely and accurately. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to determine your eligibility and/or may be the basis for arriving at your final rating. You may be requested to provide additional information regarding your qualifications, your preference regarding work shifts, etc., and health/medical background.

Social Security Number - Please provide the last four (4) digits of your social security number.

Question 1 - Reasonable Accommodation will be provided to applicants who need assistance to participate in an interview due to a verifiable disability. If you check "yes", you will be contacted via telephone or mail to make specific arrangements.

Question 2 - The minimum age requirement for a firefighter is 18 years at the time of appointment. If you are not currently 18 years of age or older, please indicate your date of birth in the space provided.

Question 5 - Employment History/Discharges. These questions must be answered by all applicants. (a) You must answer "yes" if you have ever, because of poor performance or misconduct, been fired from a job, let go, or had a work contract terminated. (b) You must answer "yes" if you have ever quit a job after being informed that you were under suspicion of misconduct or poor performance or after being informed you could receive disciplinary action. (c) You must answer "yes" if you were ever advised that you would be rejected, released, or not hired permanently after a trial period. Explain any "yes" answers on a separate page. Include the facts in brief, the grounds for any action taken against you, and the circumstances under which you left the position.

SPECIAL NOTE: Verification of the items listed in Education and/or Training, may be required at the time of the interview or appointment. Acceptable verification would be copies of your transcripts and/or diploma, or certificates of completion.

Education. Fill in the level of education you have achieved and the date of completion.

Signature - Your signature and the date signed is required. If the application is not signed, it may be rejected and/or may result in your missing the final filing date for this application.

NOTE: Your completed application and other related information submitted to Coastside Fire Protection District becomes confidential information and the property of the District. This application and other confidential information **will not be returned**; therefore, we recommend that you keep a copy of your completed application for your personal records.

**PLEASE ENTER YOUR NAME ON PAGES 1 THROUGH 4 WHERE INDICATED AND STAPLE ALL PAGES
OF THE APPLICATION TOGETHER BEFORE SUBMITTING!**