



SUBMIT COMPLETED PACKET TO HR@NILEFIRE.ORG

APPLICATION PACKET **FIREFIGHTER/EMT**

1. Review the Requirements of a Volunteer Firefighter for YCFPD14 (Attached)
2. Complete the Application for Membership as a Volunteer Firefighter (Attached)
3. Complete W-4 Employee's Withholding Allowance Certificate (Attached)
4. Complete W-9 Request for Taxpayer Identification Number Certification (Attached)
5. Provide a Copy of Current Washington State Driver's License
6. Provide a Copy of Social Security Identification Card
7. Provide a driving abstract (copy of your driving record) from the Department of Motor Vehicles. (Provide a receipt and we will reimburse you the cost)
8. Pass a Washington State Patrol Background Investigation

PROCEDURES:

1. **Applicant must attend four (4) consecutive drills** before being considered for membership. During this period, applicants are not covered by the Fire District's Insurance and are precluded from participating in any activity that could cause injury.
2. After the fourth drill, an interview with two officers will be arranged. If the applicant successfully passes the interview, the applicant will be sent for a physical and drug screening, this includes Hepatitis "B" shots, Tetanus and "TB" testing to ensure the applicant is capable of safely performing the duties of a Firefighter/EMT.

ALL OF THE ABOVE REQUIREMENTS AND PROCEDURES MUST BE COMPLETED PRIOR TO AN APPLICANT BEING CONSIDERED FOR MEMBERSHIP.

Revised December 4, 2021

Yakima County Fire Protection District 14
Nile-Cliffdell Fire and Rescue



Requirements of Volunteer Firefighters for Yakima County Fire Protection District 14

Duties:

As required by their position, members shall:

Respond to fire and medical alarms;
When cleared by the Chief, drive apparatus, operate pumps and auxiliary equipment;
Lay and connect hose, operate nozzles;
Raise and climb ladders;
Use dry chemical extinguishers and other related equipment;
Ventilate burning buildings by opening windows and skylights, or by cutting holes in roofs and floors;
assist with ventilation fan;
Assist in removal of persons from danger;
Administer first-aid to injured persons;
Perform salvage and overhaul operations; place salvage cover, sweep water, remove debris;
Participate in drill and attend classes in firefighting procedures and techniques, pre-fire planning, first-aid and related subjects;
Perform general maintenance work in the up keep of Fire Department Property;
Report repairs needed to property and equipment;
Wash, test and dry hose;
Wash, clean, polish and test apparatus.

Members shall be professional and courteous when dealing with the public. They shall be just and dignified when dealing with Department Personnel.

Members shall become familiar with the policies and procedures of the Fire District. They shall obey all policies, rules, regulations, standard operating procedures and follow the chain of command.

Members:

- Must have the ability to learn a wide variety of firefighting duties, methods and first-aid techniques.
- Must be able to follow oral and written instructions in English
- Must be able to establish and maintain effective working relationships with other members and the general public
- Must have physical strength, agility and freedom from serious defects as indicated by a physical examination
- Must notify an Officer of any injury occurring on or off the Department and of any restrictions.
- **Must attend a minimum of 50% of all drills and 25% of all calls each fiscal year.** calls would include stand-by time (unless prior waiver is obtained from Chief)
- Must take care of equipment issued to them and return all in good condition. Missing or damaged equipment will be the responsibility of the member.
- Must let an officer or the secretary know if unable to attend more than 4 consecutive drills, or if going to be out of district for more than a week.

Working Conditions:

13670 WA-410
Naches, WA 98937

Phone: 509-658-2445

Fax: 509-658-2475

nilefire01@frontier.com

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Nile-Cliffdell Fire and Rescue



Members may, at times, be subject to occasional stressful tension. Members may also be exposed to heat, fumes, gasses, smoke, motor and siren noises, grease, dirt, hot metal, air-borne and blood-borne diseases, and adverse weather conditions. Members may be required to work at heights on roofs or ladders.

Licenses, Registration and Certification:

First-aid card or higher is required withing 90 days of membership. EVIP driver training or CDL and emergency driving class is required before driving vehicles. All members must have and maintain a valid Washington State Driver's License.

All members must successfully take and pass ICS 100, 200, 700, & 800 within 6 months. Obtain red card within one year. (May be amended or waived at discretion of Fire Chief)

Additional Requirements:

Must be a United States citizen or have the required documentation to legally work in the country. Applicant must be in good physical condition and must be at least 18 years of age. Must live or work in Fire District 14.

Signature and Witness below indicates that you have read and understand this document:

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Application for Membership as a Volunteer Firefighter

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Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____ Cell: _____

Birthdate: _____ Place of Birth: _____ S/S No. _____

Employer's Name, Address & Phone:

Driver's License # _____ State: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____ Work/Cell: _____

Education:

High School: _____ Location: _____

Graduated? (Y/N) _____ GED? (Y/N) _____ Date: _____

Schools Attended after High School:

(Name & Location)	(Dates Attended)	(Field of Study)
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(Name & Location)	(Dates Attended)	(Field of Study)
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Medical Training: First-Aid ____ CPR ____ 1st Responder ____ EMT ____ Date of Cert: _____

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Fire Dept. Training _____ FF1 _____ Red Card _____ Blue Card _____ Other _____

Recommendations:

Present Employer:

Name: _____ Phone: _____ Address: _____

Past Employers:

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

Personal Recommendations:

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

Availability:

Daytime (Y/N) _____ Night-Time (Y/N) _____ Weekends (Y/N) _____ Weekdays (Y/N) _____

Variable (Explain) _____

List any other information that you feel is pertinent to this position that you want to inform us about, or feel we would like to know:

To be filled out by District 14

Date Joined Dept: _____ Date Denied: _____
Signature/Date Signature/Date

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