

# NORTHWEST FIRE DISTRICT



## VOLUNTEER APPLICATION PACKET

- Community Assistance Program – C.A.P.
- Fire Corps
- Community Emergency Response Team - C.E.R.T
- Audio-Visual Technician – Training
- Other: \_\_\_\_\_



# NORTHWEST FIRE DISTRICT

## Volunteer Application

Return to:  
Northwest Fire District  
5225 W. Massingale Rd.  
Tucson, AZ 85743  
Attn: Human Resources

Job Desired (if known): \_\_\_\_\_  C.A.P.  Fire Corps  C.E.R.T.  AV Tech  
\_\_\_\_\_  \_\_\_\_\_ (Other)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Where do you work/study? \_\_\_\_\_ How many hours/week? \_\_\_\_\_

**CRIMINAL CONVICTIONS/TRAFFIC VIOLATIONS - Have you ever been convicted of:**

1. A misdemeanor, gross misdemeanor, or felony (excluding juvenile adjudication)?  Yes  No

2. A moving traffic violation within the last five years?  Yes  No

If yes, ATTACH STATEMENT giving date(s), time(s), location(s), circumstance(s), and dollar amount of fine(s). Include any condition of your parole and/or probation, if applicable. Moving traffic violations will only be considered if driving a vehicle is a job requirement. A criminal conviction is not an automatic bar to employment. Each case is considered on its individual merits. LACK OF REQUESTED INFORMATION IS BASIS FOR REJECTING AN APPLICATION.

I am eighteen (18) years of age or older \_\_\_\_\_ Yes \_\_\_\_\_ No

Education Level (check last year completed): Grade \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 High School \_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_ G.E.D.

College \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 Graduate \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 Other: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Have you ever worked or volunteered for the Northwest Fire District?  yes  no

If so, when and what did you do? \_\_\_\_\_

Special training, skills or interests: \_\_\_\_\_

Restrictions that might/will affect your availability for volunteer work:

| TIMES         | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------|--------|--------|---------|-----------|----------|--------|----------|
| Available     |        |        |         |           |          |        |          |
| Not Available |        |        |         |           |          |        |          |

**In case of emergency, notify-**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal or Professional Reference #1 Name & Job Title \_\_\_\_\_ Contact Number \_\_\_\_\_

Personal or Professional Reference #2 Name & Job Title \_\_\_\_\_ Contact Number \_\_\_\_\_

Personal or Professional Reference #3 Name & Job Title \_\_\_\_\_ Contact Number \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

- I certify that the information given by me in this Volunteer Application is true and complete and I understand and agree that the application process or my relationship with NWFD may be immediately discontinued if misrepresentations, falsified statements, or material omissions are found to have been made. I authorize investigatory agencies, schools, former employers and former supervisors to provide any and all information pertinent to my employability, and hereby release those providing such information from any liability for doing so.

- I understand that this application is only valid for the volunteer position applied for at present, and that Northwest Fire District is not obligated to retain or consider this application for future openings.

- I understand that my volunteer relationship with Northwest Fire District is contingent upon satisfactory results of criminal background check utilizing fingerprint analysis and motor vehicle report.

In order to assure a drug-free work environment, the District prohibits the use, sale, transfer, being under the influence and/or reporting to duty after using or ingesting drugs. Under District policy, alcohol is included within the meaning and prohibition of drugs.

- Sexual Harassment is defined as any unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made a job requirement, or causes changes in working terms or conditions, and/or (2) it has the effect and purpose of unreasonably interfering with work performance, or creating an intimidating, hostile, or offensive workplace. I understand that sexual harassment will not be tolerated.

- The District has a strong commitment to its volunteers to provide a safe, healthy and secure work environment. While the District has no intention of intruding into the private lives of its volunteers, it expects all volunteers to report to work without possessing weapons and to perform their duties without violence toward any other individual. I understand that violence will not be tolerated.

- I understand that my volunteer service is in no way an offer of or employment by the District and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in volunteer service. I agree to release the District from any and all claims to compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an agent, servant, or employee of the Northwest Fire District.

- I understand that during volunteer service, I may have access to, or may observe, certain information that is proprietary to the District and I hereby agree not to disclose, discuss, or reveal any such information to parties outside of the District and to keep any District records or files confidential.

- I understand that if I receive an ID badge, it will remain the property of the Northwest Fire District and be used solely for identification purposes. I understand that I may not use the District ID badge to represent myself as an employee or agent of the Northwest Fire District other than that which is indicated on the badge.

- I have read the above, understand its content, and meaning, and agree to all of its provisions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# RELEASE AUTHORIZATION

The following must be filled out completely for your application to be considered. (Please print)

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LAST NAME FIRST NAME MIDDLE NAME

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OTHER NAMES BY WHICH YOU HAVE PREVIOUSLY BEEN KNOWN AND DATES THOSE NAMES WERE USED

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CURRENT ADDRESS (Can Not be a P. O. Box)

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CITY STATE ZIP

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SOCIAL SECURITY NUMBER DATE OF BIRTH

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NAME ON DRIVER'S LICENSE NUMBER DRIVER'S LICENSE NUMBER STATE

PLEASE LIST ALL PREVIOUS ADDRESSES YOU HAVE RESIDED AT IN THE PAST SEVEN [7] YEARS:

PRIOR ADDRESS: FROM: TO:

PRIOR ADDRESS: FROM: TO:

(If you have had more than two previous addresses in the past seven [7] years, please attach a separate piece of paper.)

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This document authorizes this employer, or its research agent, to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee, a candidate for employment, or seeking to provide services as an independent contractor. I understand that this release authorization will remain in effect for the duration of my employment unless I revoke this release authorization in writing.

I specifically authorize that background information may be sought in the following areas, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the client to the extent that the information given is true and accurate:

- a. Criminal conviction records in any jurisdiction;
- b. Social Security Number Trace Report;
- c. Driving record in any state;
- d. Educational and Professional Certification records in any jurisdiction;
- e. Work performance, attendance, and job related information;
- f. Military records

I agree to assist in this effort by contacting former employers and asking for full exposure of my employment history.

I further understand that information obtained may be used by this employer *in its sole discretion and without liability*, to determine eligibility for initial or continued employment, to grant or deny me permission to enter into employer property, or that of its affiliated companies. I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded all such records.

I acknowledge that I have read and understand this information, that the rules governing its collection and use are pursuant to the Fair Credit Reporting Act as amended by the Consumer Credit Reform Act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.

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SIGNATURE

TODAY'S DATE

APPLICANT - DO NOT WRITE BELOW THIS LINE

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This information is being verified by SECURITECH, INC. Any information or questions should be directed to them at: Securitech, Inc., 8230 E. Broadway Blvd., Suite E-10, Tucson, AZ 85710 or (520) 721-0305 or (800) 805-4473.

SUBSCRIBER NAME: Northwest Fire District

SUBSCRIBER CODE: HNWF1520

SUBSCRIBER PHONE #: (520) 887-1010

**NORTHWEST FIRE DISTRICT**

**NOTICE OF INTENT TO VERIFY  
BACKGROUND INFORMATION**

In connection with my application for employment with you, I understand that a consumer report may be requested that may include information as to my character, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various state, private and insurance sources along with other public records available.

Applicant name (printed) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

# DRIVER'S LICENSE ANNUAL CHECK RELEASE AUTHORIZATION

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This document authorizes the Northwest Fire District, or its research agent, to seek and/or verify specific information about my driving record and driver's license status. I understand that this authorization applies whether I am a current employee or a volunteer. I understand that this release authorization will remain in effect for the duration of my employment or volunteer time, unless I revoke this release authorization in writing.

I specifically authorize that information may be sought in the following areas, and agree to release from any liability the agencies or individuals who provide the information to the Northwest Fire District, to the extent that the information given is true and accurate:

- a. Driving record and driver's license status in any state

I also agree to execute any additional forms which specific information providers require in order to release the information to Northwest Fire District.

I further understand that information obtained may be used by Northwest Fire District, in its sole discretion and without liability. I further understand that this information will become part of my personnel record at Northwest Fire District and will be held in accordance with state and federal laws.

Any information or questions should be directed to the Northwest Fire District Human Resources Department.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

The following must be filled out completely. (Please Print)

\_\_\_\_\_  
*LAST NAME*

\_\_\_\_\_  
*FIRST NAME*

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
NAMES BY WHICH YOU HAVE BEEN KNOWN AND DATES  
THOSE NAMES WERE USED

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
SOCIAL SECURITY  
NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DRIVER'S LICENSE  
NUMBER

\_\_\_\_\_  
STATE OF DRIVER'S LICENSE  
ISSUE

\_\_\_\_\_  
NAME ON DRIVER'S LICENSE



# NORTHWEST FIRE DISTRICT

## **RELEASE AUTHORIZATION**

Background Check Processed by the Department of Public Safety

This document authorizes this employer or its research agent to seek and/or verify specific information about my background. I understand that this authorization applies whether I am a current employee, a candidate for employment, or seeking to provide services as an independent contractor. I understand that this release authorization will remain in effect for the duration of my employment unless I revoke this release authorization in writing.

I specifically authorize that background information may be sought on a state and federal level achieved through a fingerprint analysis in the following areas, and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to this employer to the extent that the information given is true and accurate.

- Criminal History
- Arrest Records
- Sex Offender Records
- Wants and Warrants

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Print Name

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Social Security Number

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Signature

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Date