



# McCloud Fire Department



## Application Packet

Probationary Volunteer Firefighter Probationary  
Volunteer Ambulance Driver / E.M.T.  
Shift/Sleeper Firefighter

Applicant Name: \_\_\_\_\_

**Return to**

**Sean Prouty**

**Recruitment & Retention Coordinator**

**Cell 530-276-4810**

**[Firecaptain@ci.mccloudcsd.ca.us](mailto:Firecaptain@ci.mccloudcsd.ca.us)**

**Or**

**Charlie Miller**

**Fire Chief**

**Cell: 530-713-9072**

**Email c/o: [firechief@ci.mccloudcsd.ca.us](mailto:firechief@ci.mccloudcsd.ca.us)**

Position applying for: Probationary\_\_\_\_\_

Date:     /     /    

*A well-prepared application is important. Read the entire application before answering questions. Evaluation of your qualifications will be based, in large part, on the information you provide herein.*

*Fill in all blanks completely and accurately. Any false statement or evidence of fraud or deceit in any manner connected with this application will disqualify you.*

*Copies of the following documents must be submitted\* with this application:*

- Driver's License
- Fire/EMS Related Certifications

*\*All documents shall be made part of your application and therefore cannot be returned to you, so it is important that you submit copies.*

**Applicant Information**

Have you previously applied to the McCloud V.F.D.? Y / N If yes when: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth     /     /     SSN: \_\_\_\_\_

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

P.O. Box \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

How long have you lived in the McCloud community? \_\_\_\_\_ Years \_\_\_\_\_ Months

Current Employer: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Years / Months Worked: \_\_\_\_\_

Employer Address: \_\_\_\_\_

May We Contact Your Supervisor? Yes / No

Previous Residence: (Past two addresses)

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

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

**References**

Emergency Contact:

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Secondary Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Relation: \_\_\_\_\_

Nearest Relative's name and relation:

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Relation: \_\_\_\_\_

Give names and phone numbers of three local persons, other than relatives, who know you well enough to give information about you.

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Years Completed: \_\_\_\_\_

College: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Fire and/or EMS Training Courses Completed. If necessary, attach a separate page(s) and indicate the page number(s) below.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names and dates of other fire departments or ambulance companies you have belonged to.

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**Limitations**

Do you have any physical, mental, or sensory handicaps which might affect your work performance, or which should be considered during application review? Y / N

If yes, please explain:

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List any reasons known to you why you might be unable to perform consistently and promptly any of the membership duties.

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List any hospitalizations, operations, or serious medical illnesses? If so, list approximate date, and your age at the time.

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Do you smoke? Yes / No. How long \_\_\_\_\_, and how much \_\_\_\_\_.

Are you willing to undergo a physical examination, drug test and live scan at the expense of the fire department? Yes / No

Give a brief statement of your alcohol consumption.

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List any allergies to medications, foods, insects, etc. that you currently have.

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List all medications you currently take and what you take them for.

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**Background**

Driver's license number: \_\_\_\_\_ Class(es): \_\_\_\_\_ Endorsements: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If you do not have a driver's license, give reason, and provide previous license number and state where issued:

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List all traffic violations with dates and locations for the past five years.

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Have you ever had a driver's license suspended, revoked, or cancelled? Y / N If yes, explain:

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I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary, and release all concerned from any connection therewith.

I understand that false or misleading information given may result in release of duties as a volunteer firefighter/EMS from McCloud Volunteer Fire Department.

I agree to abide by the bylaws and official revisions thereto and all lawful orders of the department to the best of my ability.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## **Authorization to Release Information**

As an applicant for the position of volunteer firefighter with the McCloud Volunteer Fire Department, I am required to furnish information concerning my physical, education and mental qualifications, including all criminal history. In this regard, I authorize the McCloud Volunteer Fire Department to make all appropriate inquiries regarding the aforementioned qualifications, moreover, I authorize those people or organizations selected by the McCloud Volunteer Fire Department to release any and all information of a confidential or privileges nature.

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

## **Grounds for Rejection of Application**

The Fire Chief shall be the sole judge of the qualifications of applicants for membership status.

The membership committee when making its determination may consider the following factors, provided that any factor or combination of factors will be viewed on a case-by-case basis in the context of which the applicant has applied:

- 1 Failure to pass any examination or comply with procedures,
- 2 Falsification or omission of information requested on application; failure to supply proper documentation when requested.
- 3 Solicitation or attempted solicitation, in connection with application, or preferential treatment from any member of the board or directors of the McCloud Volunteer Fire Department.
- 4 Violation, as determined by the McCloud Volunteer Fire Department policy and procedures, rules or regulations.
- 5 Documented addiction to the habitual use of drugs, narcotics, or intoxicating beverages

## **Requirements for Becoming a Probationary Volunteer**

1. Applicant must be at least eighteen (18) years of age.
2. Applicant must be a citizen of the United States who has resided in the McCloud community full time for the past 6 months.
3. Applicant must submit a completed membership application.

All new members of the McCloud Fire Department serve a minimum of a 1-year probationary period. During this period, probationary members are considered "At Will" and may be not allowed to continue serving as a Volunteer.

### **Potential members must become familiar with:**

- 1 Fire Department & MCSD Policies/Procedures and Bylaws.
- 2 Communication Equipment and Use.
- 3 Basic Scene Safety policies.
- 4 Pre and Post Run Checks and Clean-Up.
- 5 Equipment and it's placement on the vehicles and in station.
- 6 Use and location of medical supplies in station and on vehicles.
- 7 Fire apparatus operation.

## **Requirements for all Potential Members**

### **New Recruits must show:**

- 1 Professionalism in station, on scene, in training, or at any time while representing the McCloud Volunteer Fire Department.
- 2 The ability to take and follow orders.
- 3 Respect for officers, members, other departments and the general public.
- 4 The ability to follow the chain of command.
- 5 Willingness to do what is required of all members to maintain good standing with the McCloud Volunteer Fire Department policies, procedures, and guidelines.
- 6 Ability and desire to learn.
- 7 The ability to work safely and effectively.
- 8 Ability to refrain from inappropriate conversation while on scene or in training.
- 9 The ability to be of a benefit to the department and community.

## **Membership Requirements for all Members**

To be classified as a member in good standing of the McCloud Volunteer Fire Department, a member must meet or exceed the following requirements.

1. Training (36 hours minimal annually)
2. Required Medical Training to include
  - AED Operation
  - CPR Certification
  - First Aid or First Responder or EMT or Paramedic
  - Blood Borne Pathogen training
3. Fire Training to include
  - Incident Command Fundamentals (I-100, I-200, I700 & I 800)
  - Wildland Fire Training (S130, S190 & L180)
4. Required Training
  - Vehicle Driver Training Fundamentals
5. Respond to a minimum 20% of emergency calls annually.
6. Attend a minimum of 8 general membership meetings annually or have documented excused absence.
7. Shots Required
  - Hepatitis B or sign waiver
  - Tetanus or sign waiver



# **Chain of Command**

## **McCloud Volunteer Fire Department Officers**

### **Chief**

**Charlie Miller**

### **Assistant Chiefs**

**Trent Vogus**

**Kirk Thomsen**

### **Training Division Chief**

**Nate Girard**

### **Rescue / EMS Captain**

**Sean Prouty**

### **Fire Apparatus Lieutenant**

### **Rescue Lieutenant**

## **MCSO Board Members**

President: Cathy Young

Vice President: Mick Hanson

Director: Raymond Zanni

Director: Michael Rorke

Director: Christine Richey

## **MCSO Staff**

Finance Officer: Michael Quinn

General Manager: Amos McAbier

THIS PAGE FOR DEPARTMENT USE ONLY, DO NOT WRITE IN THIS BOX.

CANDIDATE NAME: \_\_\_\_\_

PREVIOUS MEMBER? Y / N DATE(S) OF SERVICE: \_\_\_\_\_

MEMBER OF EXPLORER PROGRAM? Y / N START DATE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

DEPARTMENT REFERRAL Y / N

Live Scan Appointment: \_\_\_\_\_

Completed: \_\_\_\_\_

Approved by: \_\_\_\_\_

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

Physical Appointment: \_\_\_\_\_

Completed: \_\_\_\_\_

Date Named to Department: \_\_\_\_\_

Notes: \_\_\_\_\_

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DATE MEMBER TERMINATED / QUIT / RETIRED: \_\_\_\_\_

REASON: \_\_\_\_\_

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