## **Skagit County Fire District 13**



P.O. Box 1007, 17433 Snee Oosh Road La Conner, Washington 98257 Phone: (360)466-1224 Fax: (360)466-0526

## To whom it may concern:

Attached is my application for membership with Skagit County Fire District 13. I have fully completed all the requested information.

I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you give me membership with Skagit County Fire District 13.

I also certify that I am at least eighteen (18) years of age; a citizen or legal resident of the United States; a resident of Fire District 13 or its vicinity; hold a current Washington driver's license/valid insurance; have a social security number; and have a high school diploma or GED equivalent.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to Skagit County Fire District 13. I also consent to the interview of any references provided herein, and to any background investigation needed by any Police organization. I understand that I am subject to a Driver's License check and a physical examination.

I fully understand that should any information found herein be investigated and found to be false, that I will be subject to immediate dismissal from Skagit County Fire District 13 without recourse.

## Skagit County Fire District 13 Application for Membership

PERSONAL INFORMATION							
Full Name:_							
	(First)	(Middle)	(L	ast)			
Address:	(0)	(8 /		(0:: )			
(Street Address)		(Apt./	(Apt./Suite)		(Zip)		
Email:			Phone:				
Date of Birth:Social Security Number:							
Military Serv	ice: Yes No If ye	s, branch:	anch:Dates of Service:				
EDUCATION							
High School:	<u>.                                    </u>	State:	Dates Atte	ended?	Graduated?		
College:		State:	Dates Attended?		Graduated?		
College:		State:	Dates Attended?		Graduated?		
College:		State:	Dates Attended?G		Graduated?		
EMPLOYMENT HISTORY							
Current Employer:		Phone:	F	Position:			
Past Employ	rers:						
Employer Name:		Phone:_		Reason for Leaving?			
Employer Name:		Phone:_		Reason for Leaving?			
Employer Name:		Phone:_		Reason for Leaving?			
Employer Name:		Phone:	Phone:		Reason for Leaving?		

FIREFIGHTING EXPERIENCE AND TRAINING						
Have you previously been a mo	ember of one or more Fire	Departments?				
Fire Department Name:		Dates:				
Have you attended a firefightin	g school previously?					
If yes, please include copies of certificates you received.						
LIST ANY MEMBERS OF DISTRICT 13 WITH WHOM ACQUAINTED						
LIST THREE REFEREN	CES (other than relatives	and any named above)				
1		. <u></u>				
2						
3						
EMERGENCY CONTACT INFORMATION						
Name:	Phone:	Relationship:				

Please deliver or mail this application to the Fire District office:

Skagit County Fire District 13 PO Box 1007 17433 Snee-Oosh Road La Conner, WA 98257

Please include with your application the following:
Copy of your driver's license
Copy of your social security card OR passport
Copy of your current vehicle insurance
Copies of fire service training records and certificates

Upon approval of becoming a District 13 volunteer firefighter, a criminal background check and a driver's license abstract will be done.