



NEWMAN LAKE FIRE & RESCUE
SPOKANE COUNTY FIRE DISTRICT 13

MEMBERSHIP APPLICATION

Date: _____

Name: _____
Last First Middle

Have you ever been known by any other name? If yes, list:

Last First Middle

Physical Address: _____
Street City State/Zip

Mailing Address: _____
Street City State/Zip

Telephone: _____ Cell: _____ E-mail: _____

Driver's License #: _____ Years of Driving Experience: _____

Position Applied For: ___Community Volunteer ___Resident Volunteer ___Shift Volunteer

Type of Volunteer: ___Firefighter ___EMT ___Both ___Maintenance Other _____

Have you submitted an application here before? _____ When: _____

Name of Employer: _____ Phone Number: _____

May we contact you at work? _____ Best time to call: _____

List any previous volunteer work and your responsibilities: _____

Are you at least 18 years old? _____ Would you submit to a drug test? _____

Will you provide proof of Covid-19 vaccination? _____

Have you ever been convicted of a felony? _____

Have you had any driving offenses/DWI's in the past five (5) years? _____

If yes to any offenses, please provide dates and details on a separate page.

Membership Application (continued)

List last two (2) schools attended, number of years completed, and what degree/diploma earned:

List name and telephone number of three (3) references who are **NOT** related to you:

List any additional information you would like us to consider including any special skills/training that would qualify you for the position for which you are applying:

I declare that all statements regarding this application to be true, complete, and correct.

I expressly authorize, without reservation, Spokane County Fire District #13 to contact and obtain information from all references, employers, public agencies, licensing authorities, police departments and educational institutions to verify the accuracy of all information on this application.

I understand that any information found to be false, incomplete, or misrepresented in any respect will be sufficient cause to cancel further consideration of the application or justification for termination from SCFD13.

Date: _____ Signature: _____

Department Use Only

Proposed By: _____

Approved By _____ Date: _____

_____ Date: _____

_____ Date: _____

Chief or Designee Approval: _____ Date: _____