



Soap Lake Fire Dept. Volunteer Application



City of Soap Lake
P.O. Box 1270 – 239 2ND Ave S.E.
Soap Lake, WA 98851 – (509) 246-1211

NAME: _____ DATE OF BIRTH: _____
 DRIVER LIC#: _____ DO YOU OWN A CAR? YES/NO SSN: _____
 MAILING ADDRESS: _____ CITY: _____ STATE: _____
 PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____
 PRIMARY PHONE: _____ MESSAGE PHONE: _____ CELL: _____
 EMPLOYER: _____ PHONE: _____
 EMERGENCY CONTACT: _____
 PHONE: _____ RELATIONSHIP: _____

Firefighting is a very physical and demanding job. Do you have any physical or medical disabilities, or are you taking any medications, that may prevent you from performing the duties required in firefighting?
 Yes ___ No ___ If yes, please explain below:

Do you have any previous firefighting training or experience? Explain: _____

Do you hold a current: First Aid Card _____ Exp. Date _____ /CPR Card _____ Exp. Date _____

I ACKNOWLEDGE THAT ALL INFORMATION PROVIDED ABOVE IS CORRECT. I UNDERSTAND A DRIVING RECORD AND BACKGROUND INVESTIGATION WILL BE CONDUCTED AND REVIEWED BEFORE FINAL APPROVAL.

Signature: _____ Date: _____

FOR CITY USE ONLY

Interview Committee Members:

1. _____ 2. _____

Comments: _____

Date: _____ Approved/Denied

Date Reviewed By Fire Chief: _____ Approved/Denied

Date Presented to Council: _____ Approved/Denied

Date Reviewed By Mayor: _____ Approved/Denied

Probation period begin date: _____ Probation period end date: _____