



Volunteer Interest Card

(Reference: Procedure 2800, Volunteer Membership Requirements)

Volunteer Interest Inquiry Information

Instructions: Please complete this form and return via email to volunteer@ccfd3.org, mail or hand deliver to the District's business office at 323 N Fifth Ave., Sequim, WA 98370.

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Program Interest: Please select the program(s) that you are interest in by using numbers to indicate, in what order of priority, your interests are. Use number 1 to indicate your first priority.

\_\_\_\_ Volunteer Firefighter      \_\_\_\_ Wildland Firefighter      \_\_\_\_ Tender Operator

\_\_\_\_ EMS Only (Are you currently a certified EMT: Yes \_\_\_\_ No \_\_\_\_ )

\_\_\_\_ Support Service Volunteer      \_\_\_\_ Fire Explorer Scout (Must be between 15 – 18 yrs. old)

If you selected Support Service, please further describe your interests: \_\_\_\_\_

\_\_\_\_\_

Are you able to attend Monday night drills from 7:00 to 9:30 pm? Yes \_\_\_\_ No \_\_\_\_

Do you have any prior fire service experience, if so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have prior training and/or certifications that may be relevant, if so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fire District Review

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Follow-up Initiated: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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