DATE RECEIVED by CWFD:



Camas-Washougal Fire Department Volunteer Application (please type)

	First, Middle, Last					
Name						
Mailing Address						
Physical Address			,			
City		State		Zip		
E-mail Address			Date of Birth			
Home Phone			Cell Phone			
				YES	NO	
Are you a citizen of the United States?						
Have you graduated from high school or obtained your G.E.D. or equivalent?						
Are you at least 18 years of age?						
Do you have a valid driver's license?						
Can you read, write, and speak the English Language?						
Do you have an EMT-B/P? If yes, attach a copy of certification.						
given by me is true and misrepresented or falsi from the volunteer elig I authorize the City of	d complete to the best ified any part of the ap- gibility list, or I may b Camas to contact my	of my knowledg oplication materia e dismissed from prior employers,	ful misrepresentation or te and belief. I am awar als, my application may a the program. educational institutions to give the City of Cam	e that if at be rejected , reference	any tir d, my r es and a	me it is found I have name may be removed any institution,
individuals therewith f hold harmless the City obtaining and/or using the course of this recru	from all liability whats of Camas, its employ such information. I f hitment process. I und	soever incurred in ees, agents, and a further waive my erstand that the O	(s), company(s), institution giving such information representatives from all rights regarding disclose City of Camas will retain decopying pursuant to R	on; and I fu liability w ure of any n complete	rther rehatsoe comm	elease, indemnify, and ver incurred in unications provided in ol over all materials and
Signature of Applica	ant (electronic signat	ure is okay)	Date			_