



Volunteer Application

Mokelumne Hill Fire Protection District

8160 Church Street, Mokelumne Hill CA 95245 | (209) 286-1389 | www.mokehillfire.org

Mike Dell'Orto, Fire Chief

Dear applicant,

We appreciate your interest in joining our fire department as a volunteer first responder. Our district is responsible for providing fire protection and emergency medical services for Mokelumne Hill and approximately 35 square miles surrounding the town.

This letter is to ensure you understand how rewarding, and demanding, this job can be. You may be called to serve long hours in sometimes dangerous conditions. We get calls day and night, and our department must be able to respond to the community when we are needed.

We are seeking volunteers to respond to the types of emergency calls we receive: wildland and structure fires, medical aid calls, vehicle accidents, public service assists. We are also seeking Class B drivers who have (or are willing to complete training to achieve) firefighter credentials.

Being a volunteer firefighter is not easy. You will be required to complete hours of training, including initial training before responding to emergency calls, as well as completing medical first responder training. All volunteers are expected to attend regular weekly training. It is not easy, but it is extremely rewarding!

To apply with our district, you must:

- Be at least 18 years of age
- Be a reliable member of your community
- Be willing to submit to a driving record check, drug testing, fingerprinting, and a background check
- Possess a valid California driver's license
- Have the ability to fulfill all of the duties and responsibilities required of the position

Firefighters will be required to pass a physical examination (paid for by the district) as part of the approval process.

Fill out the application packet completely and return it to our district (address above). Thank you for your interest in serving our community, we look forward to having you on our team.

Sincerely,

Chief Dell'Orto

Mokelumne Hill Fire Protection District

APPLICANT INFORMATION

Date: _____

Last name: _____ First name: _____ Middle initial: _____

Street address: _____ Apt / Unit #: _____

Mailing address (if different): _____

Phone: _____ Email address: _____

Drivers license number: _____ Class: _____ Expiration date: _____

Social Security number: _____

Are you a citizen of the United States: Yes No If no, are you authorized to work in the US? Yes
 No

Do you have vehicle insurance: Yes No If yes, please attach a copy of your insurance to application

Have you ever volunteered for MHFPD before? Yes No If yes, when: _____

EDUCATION

High school attended: _____ From: _____ To: _____

Address: _____ Did you graduate? Yes No

College attended: _____ From: _____ To: _____

Address: _____ Did you graduate? Yes No Degree: _____

Other education: _____ From: _____ To: _____

Address: _____ Degree or certificate: _____

REFERENCES - please list two professional references

Full name: _____ Relationship: _____

Company or org: _____ Phone: _____

Address: _____

Full name: _____ Relationship: _____

Company or org: _____ Phone: _____

Address: _____

EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your supervisor for a reference? Yes No

FIRE SERVICE TRAINING

Do you have any formal education or vocational training in fire science, EMS, or a related field? Yes No

If yes, please explain: _____

Do you have any other training or educational background that you wish us to be aware of? _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment as a volunteer of MHFPD, I understand that false or misleading information in my application or interview may result in my release.

By signing below, I agree to submit for all testing required, attest that I am able to fulfill all of the duties required by the position I am applying for, and that I am at least 18 years of age.

Print name: _____ Date: _____

Signature: _____

FOR DEPARTMENT USE ONLY

Date received: _____

By (name/title): _____