

# SEELEY LAKE VOLUNTEER FIRE DEPARTMENT



Attached is an application for the Seeley Lake Volunteer Fire Department. We ask that you answer all questions honestly. We need to know if you have any physical or mental limitations that would hinder you from doing certain functions within the department. You will be exposed to certain situations that may have an effect on you. These could range from fatal accidents involving children to the simple task of assisting with the loading of a patient into our ambulance. It is better for us to know ahead of time than at the scene of an incident. It is also important to know if you have any pre-existing medical history that may hinder you in performing certain functions within the department. Some of the tasks you may be asked to perform will be extremely strenuous, both physically and mentally, so it is important for us to know these limitations ahead of time. This does not mean that there is not a position for you on the department. There are numerous jobs on an incident that can be suited to fit your needs. This is just precautionary. We want you to have an enjoyable experience on the department and we will do anything in our power to see that it is.

We will need to know if you have a past criminal record. While this does not mean you will not be accepted as a volunteer, it is imperative that we know the circumstances surrounding any misdemeanor or felony charges or convictions. It is important that you be truthful in filling out this application. If needed we will do a background check and if anything comes up during that check that is not stated on this application then you will be removed from the department. We take pride in the service we provide our community. It only takes one individual to ruin our reputation. If you have a criminal past that you think would show negatively on you and the department, then we suggest you do not fill out the application.

The Seeley Lake Volunteer Fire Department has a stringent Drug and Alcohol policy that will be strictly adhered to. There will be no drugs or alcohol on the Fire Department premises. You will NOT respond to any dispatch if you have been drinking or under the influence of drugs. This is cause for immediate dismissal and face the possibility of criminal charges being filed.

We also have a strict Privacy policy. Under no circumstances will you discuss any of the calls you go on with anyone in the general public. If you need to discuss a call, you may do so only with another member of the department. You can do this at the station or in a place where the discussion will not be overheard by anyone else. There are federal laws in place to protect the privacy of our customers and we must

adhere to them. If you have any questions regarding the Drug and Alcohol policy or the Privacy policy please contact the office.

Our number one goal is to serve the community of Seeley Lake with professionalism and caring. You will find this one of the most personally rewarding experiences of your life.

Once your application has been reviewed and approved, you will be contacted for orientation and some initial training. You will also be subject to a six month probationary period, after which time your performance will be reviewed and depending on the outcome of that review you will become a member. We hope you enjoy your experience.



**Seeley Lake Rural Fire District**

**P.O. Box 309**

**Seeley Lake, MT 59868**

**(406) 677-2400**

**APPLICATION**

The District makes decisions regarding volunteer applications without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, or mental or physical handicaps or any other protected classification unrelated to job performance. This application must be fully completed. **Incomplete applications will not be accepted.**

POSITION APPLIED FOR:

- \_\_\_\_\_ Firefighter
- \_\_\_\_\_ Firefighter / Medical
- \_\_\_\_\_ Medical

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Do you have a valid driver's license: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please give number and state: \_\_\_\_\_

Do you have personal liability insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged or convicted of a Misdemeanor or felony?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give a short explanation outlining the circumstances of your charge or conviction. Please indicate date, nature and place of offense, and disposition. Convictions are not necessarily disqualifying. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT

Current Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Circle one of the following: Full Time/Part Time Paid/Unpaid

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Hours: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Can you leave work for an emergency call? \_\_\_\_\_ Yes \_\_\_\_\_ No



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Are you taking any prescribed medications? \_\_\_ Yes \_\_\_ No

If yes, please write the name and dosage \_\_\_\_\_

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I hereby authorize the Seeley Lake Rural Fire District to review my driver's license record and have attached a copy of my driver's license.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In submitting this application, I authorize investigation of all statements contained herein, and it is understood and agreed that any misrepresentation by me in this application or in any accompanying materials may result in cancellation of the application and/or termination from volunteer status.

In consideration of acceptance as a volunteer, I agree to become thoroughly familiar with the ordinances, rules, policies, and by-laws of the District, and comply with such rules and regulations.

I certify that I have read all of this application and that the information I have provided above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RELEASE AND WAIVER

To Whom It May Concern:

I request and authorize you to disclose to Seeley Lake Rural Fire District any documents or information that it may request. I have authorized Seeley Lake Rural Fire District to inquire concerning my background in connection with an application for employment or an application to be a Volunteer for the District. I agree to hold you and your agents and employees harmless from all liability, which could relate in any way to the disclosure of private information or any assessment or opinion of suitability for employment, which may be provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Montana )  
ss:  
County of Missoula )

On this \_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, before me, \_\_\_\_\_  
\_\_\_\_\_ a Notary Public for the State of Montana, personally appeared  
\_\_\_\_\_, known to me (or proved to me) to be the person  
whose name is subscribed to the foregoing document, and acknowledge to me that  
he/she executed the same.

**(SEAL)**

\_\_\_\_\_  
Notary Public for the State of Montana  
Residing at \_\_\_\_\_, Montana  
My Commission Expires \_\_\_\_\_

**Seeley Lake Rural Fire District**  
Employee/Members Drug Testing  
Release and Disclaimer Form

I, \_\_\_\_\_, hereby voluntarily agree to submit to Any drug test requested by Dr. Tim Donovan or Seeley Lake Rural Fire District which they deem necessary at their sole discretion, either specifically or randomly, to be reasonably necessary to provide its workers and volunteers with a safe working environment, or in the case of controlled medication discrepancies.

I, \_\_\_\_\_, acknowledge that in the course of my employment, and as a prerequisite of employment (paid or volunteer member) with Seeley Lake Rural Fire District (whether hired by the State or Federal entities under the Emergency Fire Fighters Provision), I may be asked to submit to random drug test and provide a urine, blood or breath sample as part of a substance abuse screening test. I hereby consent to such tests.

I authorize that the results of any drug test be communicated and disclosed to third parties with a need to know (appropriate authorities; law enforcement, Fire Board, Fire Chief, etc.). As a consequence of any confirmed positive result obtained by said test, I understand that I may not be offered a job with Seeley Lake Rural Fire District or may be disciplined leading up to or including immediate discharge if currently employed (paid or volunteer member) by Seeley Lake Rural Fire District.

I hereby indemnify, release and forever discharge and hold Seeley Lake Rural Fire District, its officers, board, members and its subsidiaries and affiliated companies, agents and employees harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with such tests, the results, or an lawful use of the results.

All applicable laws of the State of Montana including Federal laws shall be applicable.

Signature of Applicant, Member, or Employee \_\_\_\_\_

Printed Name of Applicant, Member, or Employee \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

**Seeley Lake Rural Fire District**

**Policy on Confidentiality and Dissemination of**

**Customer Information and Staff Member Verification**

Given the nature of our work, it is imperative that we maintain the confidence of customer information that we receive in the course of our work. Seeley Lake Rural Fire District prohibits the release of any patient/incident information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that Seeley Lake Rural Fire District provides services to customers that are private and confidential and that I am a crucial step in respecting the privacy rights of Seeley Lake Rural Fire District's patients. I understand that it is necessary, in the rendering of Seeley Lake Rural Fire District services, that customers provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I understand that this policy applies to all employees, volunteers, and any independent contractors that may be hired by the Seeley Lake Rural Fire District.

I agree that I will comply with all confidentiality policies and procedures set in place by Seeley Lake Rural Fire District during my entire employment or association with Seeley Lake Rural Fire District. If I, at any time, knowingly or inadvertently breach the customer confidentiality policies and procedures, I agree to notify the Privacy Officer of Seeley Lake Rural Fire District immediately. In addition, I understand that a breach of customer confidentiality may result in suspension or termination of my employment or association with Seeley Lake Rural Fire District. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all customer confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by Seeley Lake Rural Fire District and I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment or of any membership or association with Seeley Lake Rural Fire District. This is not a contract of employment and does not alter the nature of the existing relationship between Seeley Lake Rural Fire District and me.

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Printed

Name: \_\_\_\_\_

**Privacy**

**Officer:** \_\_\_\_\_

Western States Insurance and all agencies acting on behalf of

Seeley Lake Rural Fire Dist

Disclosure and Release Form

In connection with my application for volunteering/employment (including contract for services) with Seeley Lake Rural Fire Dist, I understand that motor vehicle reports, which may contain public record information, may be requested from Western States Insurance Agency. These reports may include but are not limited to the following type of information: name, address, social security number, date of birth, driver license or I.D. number, and driver record. I also understand that the information included in such reports will be taken into consideration in deciding whether to offer me employment or a volunteer position.

I authorize, with reservation, any party or agency contacted by Western States Insurance Agency to furnish the above-mentioned information.

I understand that:

- Western States Insurance Agency obtains all driver and vehicle information directly from the various state Department of Vehicles (or a corresponding agency) and does not maintain its own database of driver and vehicle information.
- Western States Insurance Agency acts only as a courier and has no control over any of the information that a state discloses in my driver record or vehicle record.
- If there is something inaccurate on my driver or vehicle report, I must contact the DMV directly to have the information corrected or updated.

I hereby authorize procurement of motor vehicle records. If accepted/hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure motor vehicle reports at any time during my volunteer/employment (or contract) period.

Print Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant's Address \_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SUSPECTED SUBSTANCE ABUSE**

Reporting for duty, as a volunteer or employee, either emergent or non-emergent, or presence on station premises, under the influence of alcohol or drugs, or any substance, which impairs any member's mental or physical capacity, will not be tolerated. The unauthorized use, sale, purchase or possession of alcohol or controlled substances at the station is prohibited, and shall be grounds for discipline up to and including dismissal. This includes responses that are out of district. This does not include prescribed medications. Any member using medication or prescribed drugs which may impair job performance shall report this fact to the Chief.

Chief / Officer Responsibilities - If the Chief/Officer has reasonable grounds to believe that a member is under the influence of alcohol or drugs when responding to a call or during meeting's or any other department function, the Chief/Officer has the obligation to verify the member's condition and relieve the member of his/her duties. This relief does not constitute guilt, but may be necessary if doubt exists.

The possibility of liability to the District and to the Chief/Officer exists, if a member who is under the influence of alcohol or drugs is allowed to remain working, to operate or drive vehicles, or equipment on the call/meeting, or to drive a private vehicle from the call/meeting. A member who is believed to be under the influence of alcohol or drugs must not be allowed to operate or drive a vehicle, including a private vehicle, until the condition of the member has been determined.

Observation - If any officer/member observes any member who seems to be under the influence of alcohol or drugs, he/she should, if practical, seek the opinion of at least one additional officer. Reasonable grounds would include a combination of various factors such as slurred speech, red eyes, dilated pupils, incoherence, unsteadiness on feet, smell of alcohol or marijuana emanating from the members body, inability to carry on a rational conversation, increasing carelessness, erratic behavior, inability to perform the job, other unexplained behavioral changes, etc. The officer/member observing the incident shall document these observations in writing. A copy of this document will be provided to the member upon request.

## **DETERMINING THE PROPER DISCIPLINARY ACTION**

After an incident or complaint has been thoroughly investigated and the need for disciplinary action determined, the Chief must make a decision concerning the action that would be most effective. Factors to be considered in making this decision are:

- Seriousness of the offense.
- Member's past history with the Department.
- Past practice of the Seeley Lake Fire Department in dealing with similar offenses

Consistency is critical to any disciplinary system. Although disciplinary action for the same offenses should be "similar," the final decision to determine the exact action will

be made after considering the factors previously listed, and applying them to the particular situation.

### **SUPERVISORY COUNSELING**

Verbal - This is the most often used and least severe of the formal group of corrective actions. It is, simply stated, a verbal warning. When properly administered, it serves to notify members that certain behaviors or performance deficiencies need changing/improving or that discipline will take place. The Chief should keep notes of the counseling session for future reference and guidance. Notes or records should be placed in the Chief's file.

Written - The Chief may elect to document with a memo of counseling. This memo of counseling may be placed in member's District or Personnel File.

### **THE WRITTEN REPRIMAND**

The Chief may elect to use formal written reprimands to document a repeat offense of a minor infraction, or a more serious single infraction for which suspension or dismissal is not appropriate. When the Chief decides to issue a formal written reprimand he/she will prepare a Written Reprimand Form.

### **PREPARATION OF MEMOS OF COUNSELING AND WRITTEN REPRIMANDS**

A memo of counseling documenting a verbal reprimand or formal Written Reprimand are both addressed from the Chief to the member. These documents should be written as if the member were being told the information in a conversation with the Chief. The following must be included in these documents.

- The date of preparation.
- A description of the incident.
- The rule(s) and/or policy violation.
- An explanation or what is expected of the member in the future, written as a clearly stated objective.
- The disposition of the document.
- The signature of both Chief and the member, as an indication that the member understands (not necessarily that he/she agrees with) the contents of the document and has received a copy.

If the member refuses to sign a formal Written Reprimand, the Chief must obtain a witness' signature on the document indicating that refusal. The document is then forwarded as previously described. A member's refusal to sign is not grounds for separate disciplinary action.

### **SUSPENSION, DEMOTION OR DISMISSAL**

Suspensions, demotions and dismissals are utilized as punitive, yet corrective measures taken for numerous repeated incidents of rule infractions or a single major

infraction by a member. It is the responsibility of the officer to stabilize a situation, in which immediate action is necessary. This may require relieving the member from duty until a decision is made concerning the official action to be taken. Officers should not commit themselves to a particular form of disciplinary action prematurely.

The Fire Chief will make the final decision concerning suspensions, demotions or dismissal. This will ensure the consistency of serious discipline administered throughout the Department.

*Signature:* \_\_\_\_\_

*Date :* \_\_\_\_\_

Printed

Name: \_\_\_\_\_

**For office use only:**

Attachments:

- \_\_\_\_\_ Copy of driver's license.
- \_\_\_\_\_ Copy of liability insurance
- \_\_\_\_\_ Signed Drug and Alcohol Policy
- \_\_\_\_\_ Signed background check
- \_\_\_\_\_ Signed and completed Disclosure and Release Form
- \_\_\_\_\_ Signed and fully completed application
- \_\_\_\_\_ Copy of CPR card (if applicable) Expiration date \_\_\_\_\_
- \_\_\_\_\_ MT state EMT registration (if applicable) Expiration date \_\_\_\_\_
- \_\_\_\_\_ NREMT registration (if applicable) Expiration date \_\_\_\_\_
- \_\_\_\_\_ Notarized
- \_\_\_\_\_ Endorsements (if applicable) Expiration date \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_