

## Volunteers Needed Who Love Kids!



## Become a Certified Car Seat Technician!

Do you want to have more meaning in your life? Do something that is satisfying and helps your community? Become a South Kitsap Fire and Rescue car seat technician!

Volunteers are needed to help the children in our community be safe in their cars! By simply becoming a certified car seat technician you can make a difference in our community!

You don't need any medical skills; you don't need a college degree; you don't even need to know what to do! Applicants need to be a minimum of 18 years of age; possess a valid Washington State drivers license; have a high school diploma or GED, and live in South Kitsap Fire Rescue's boundaries. All you need to do is fill out a volunteer application. We will interview applicants the first two weeks of January 2018 to fill the team!

Applicants must commit to a 32 hour training course. The tentative dates are the last two Friday's and Saturday's in February. **This training is mandatory and applicants can not miss any dates.**

Team members should be available for monthly safety checks at our headquarters fire station and at other events in our community. A team member will have five—ten hours of volunteer opportunities each month.

*South Kitsap Fire and Rescue is working in partnership with the Washington State Child Passenger Safety Program, Target Zero, and the Kitsap County Safe Kids Coalition. A Washington State Child Passenger Safety grant has provided the training, material, and supplies needed to build the South Kitsap Fire and Rescue team!*

**Questions or to return completed applications please contact  
AC Jeff Faucett : [jfaucett@skfr.org](mailto:jfaucett@skfr.org) or 360-871-2411**



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- Motor vehicle injuries are a leading cause of death among children in the United States.
- In one year, more than 618,000 children ages 0-12 rode in vehicles without the use of a child safety seat or booster seat or a seat belt at least some of the time.
- Of the children ages 12 years and younger who died in a crash in 2015 (for which restraint use was known), 35% were not buckled up.





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(360) 871-2411

### Application for Volunteer Membership

**Please Type or Print**

Name \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Last, First Middle Initial

Street Address \_\_\_\_\_  
Address City State Zip Code

Mailing Address \_\_\_\_\_  
Address City State Zip Code

E-mail \_\_\_\_\_

Under Federal Law, an individual is not required to fill out the following information prior to acceptance, it can only be provided on a voluntary basis until the time of acceptance. The following information is requested only to expedite the application process.

The following information is provided voluntarily (please initial) \_\_\_\_\_  
Birth Date Social Security Number  
U.S. Citizen? \_\_\_ Yes \_\_\_ No Marital Status: Single \_\_\_ Married \_\_\_ Spouse's Name \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_

May we contact your current employer? \_\_\_ Yes \_\_\_ No Employer Phone \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

List Traffic Citations in Past Three (3) Years \_\_\_\_\_

Have You Ever Been Convicted of a Felony? \_\_\_ Yes \_\_\_ No Do you have any physical limitations? \_\_\_ Yes \_\_\_ No

Formal Education \_\_\_\_\_

Fire/EMS Experience - Position \_\_\_\_\_ Date(s) \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**Employment History - Most Recent**  
Firm \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_

**Previous**  
Firm \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Supervisor \_\_\_\_\_

Personal References (Not Relatives); list name, address and phone.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

I hereby certify that all of the statements made in this application, and any attachments, are true and complete as far as I can determine, and I understand that any misstatements of material submitted may subject me to disqualification or dismissal. I further certify that I will obey and follow all Rules and Regulations, Policies and Procedures set by South Kitsap Fire & Rescue.

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



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**For Office Use Only**

**Application Process**

Date Received \_\_\_\_\_ By \_\_\_\_\_

Eligibility Screening – accepted \_\_\_\_\_ rejected \_\_\_\_\_ By \_\_\_\_\_  
Date Date

Written Exam - pass \_\_\_\_\_ fail \_\_\_\_\_ Physical Ability Exam - pass \_\_\_\_\_ fail \_\_\_\_\_

Training Officer \_\_\_\_\_ Date \_\_\_\_\_

Oral Interview - accepted \_\_\_\_\_ rejected \_\_\_\_\_ By \_\_\_\_\_  
Date Date

Medical Physical Exam - pass \_\_\_\_\_ fail \_\_\_\_\_ By \_\_\_\_\_  
Date Date

Driver Background Check - pass \_\_\_\_\_ fail \_\_\_\_\_ By \_\_\_\_\_  
Date Date

Criminal Background Check - pass \_\_\_\_\_ fail \_\_\_\_\_ By \_\_\_\_\_  
Date Date

**To be completed by the Fire Chief**

I do hereby certify that \_\_\_\_\_ became an active member  
of South Kitsap Fire & Rescue on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Fire Chief*

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

Date of Entry \_\_\_\_\_

Personnel Number \_\_\_\_\_ Assignment \_\_\_\_\_