

# KEIZER FIRE DISTRICT STUDENT PROGRAM

To request an application or for more information email: [hblanco@keizerfire.com](mailto:hblanco@keizerfire.com)

## ➤ Minimum Qualifications

- Registration and or participation at an accredited college
- Valid and insurable Oregon Driver's License
- NFPA Firefighter I
- NFPA Driver
- NFPA Hazardous Materials Operations Responder
- Oregon EMT - Basic (Preferred)
- NFPA Pumper Operator (Preferred)

## Expectations of a Volunteer Student Sleeper Program Participant:

1. Participants are required to serve on a duty shift at the Fire Station on assigned shifts:
  - a. Duty shift hours are weekdays 1800-0600 hours and 0600-0600 (24 hours) on weekends and Holidays.
  - b. Duty shifts are assigned as A-B-C shift and work every third day.
  - c. Each participant will be assigned to a shift.
  - d. Participants are expected to trade shifts, if they cannot fulfill a shift obligation.
  - e. Duty shifts continue through school breaks
2. Participants while not specifically considered a District volunteer will work under the established District volunteer position description #5.15 and are expected to assist with volunteer sponsored District training, events and activities when available.
3. Participants must maintain a 3.0-or better, "B" average GPA and are required to submit a copy of each progress and final report card to the Districts Training Chief.
4. Participants serve at the discretion of the Fire Chief and are at will members.

## Benefits of the Program:

1. College scholarship for tuition, books and or related approved fees not to exceed \$1,500.00 per term at an accredited college (subject to available funding as reviewed and approved by the Board of Directors).
2. Cooperative Work Experience-College Credits.
3. Technical and specialty on the job training and experience.
4. Resume, training hours, and certification.
5. Use of station facilities and equipment per policy. Appropriate use of computers, internet, office equipment, laundry, cable TV, private sleeping quarters, shop facility.
6. Program mentoring, coaching, and counseling to succeed from veteran personnel.
7. Uniforms and equipment issued by KFD as necessary

# **KEIZER FIRE DISTRICT STUDENT PROGRAM PROCESS**

## **A. Process to become a Student in the Program:**

1. Submit the following documents
  - a. District application
  - b. Authorization to release information form
  - c. Proof of enrollment or tentative college schedule
2. Complete a District program interview
  - a. Once your application is submitted, we'll schedule your interview
3. Successfully pass/complete the following
  - a. District provided, criminal history and driving records check
  - b. District provided, NFPA medical evaluation and fit for duty release
4. Once accepted, attend District orientation training covering:
  - a. District policies & procedures
  - b. Task performance testing
  - c. Student Program
  - d. Shift assignment

Keizer Fire District  
 661 Chemawa Rd NE  
 Keizer, Oregon 97303  
 503-390-9111

## KEIZER STUDENT PROGRAM APPLICATION

Please Print or Type Out Completely

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

DOB:                      *Last*                      *First*                      *Middle*  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      ODL# \_\_\_\_\_      SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_

Email: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

**Minimum Qualifications (Provide copy)**

	Yes	No
Registration and or participation at an accredited college	<input type="checkbox"/>	<input type="checkbox"/>
Valid and insurable Oregon Driver's License	<input type="checkbox"/>	<input type="checkbox"/>
NFPA Firefighter I	<input type="checkbox"/>	<input type="checkbox"/>
NFPA Driver	<input type="checkbox"/>	<input type="checkbox"/>
NFPA Hazardous Materials Operations Responder	<input type="checkbox"/>	<input type="checkbox"/>
Oregon EMT - Basic (Preferred)	<input type="checkbox"/>	<input type="checkbox"/>
NFPA Pumper Operator (Preferred)	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently enrolled in an accredited college	<input type="checkbox"/>	<input type="checkbox"/>

College: \_\_\_\_\_

Fire Departments: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fire/ EMS Experience: \_\_\_\_\_

\_\_\_\_\_

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should and investigation disclose untruthful or misleading answers, my application may be rejected or my status as a member of this Fire District terminated. **Further;** Keizer Fire District requires a physical examination and drug screening. If such results indicate inability to perform job duties or indicate drug use, I understand my application may be rejected or my membership with this Fire District terminated

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

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

KFD Representative: \_\_\_\_\_

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



# KEIZER FIRE DISTRICT

661 CHEMAWA RD. NE • KEIZER, OR 97303 • (503) 390-9111

## PRE-MEMBERSHIP AGREEMENT APPLICATION – PART TWO

### AUTHORIZATION TO RELEASE INFORMATION

*Please read carefully and initial each paragraph before signing*

I understand and agree to the following terms:

\_\_\_\_\_  
Initials Any employment and/or membership with the Keizer Fire District is contingent upon investigation of my background, including but not limited to, character, criminal history, driving record, and satisfactory completion of a physical examination.

\_\_\_\_\_  
Initials I understand that this document, signed by me, authorizes the Keizer Fire District to investigate my employment history, criminal history, driving record, and any other related records or information necessary to determine qualifications and character for a position with the Keizer Fire District.

\_\_\_\_\_  
Initials I certify that I have never been convicted of any crime or illegal act. Any exceptions are to be fully disclosed and explained in writing and attached to this document. Should any of the statements or claims stated herein be found false, I fully understand that I may be immediately terminated and disqualified from any future employment and/or membership considerations with the Keizer Fire District. I further agree to immediately notify the Keizer Fire District if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust subsequent to completing this form.

\_\_\_\_\_  
Initials The recipient of a copy of this signed document is hereby authorized and indemnified to divulge any and all information concerning my character, employment history, criminal history, and driving record. I further agree to allow an authorized representative of the Keizer Fire District to examine or request copies of such records. I voluntarily and knowingly release from all liability all persons and entities requesting and/or conducting such investigation or supplying information for such investigation, except that such release shall not be implied to waive any rights I may have to correct errors or misstatements contained in a consumer report.

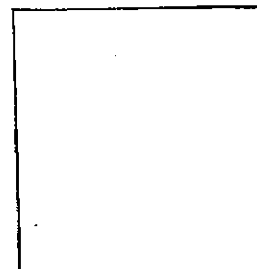
\_\_\_\_\_  
Initials I voluntarily and knowingly authorize, for employment purposes only, Keizer Fire District to obtain a consumer report or investigative consumer report, excluding a credit report showing my credit history, about me now or at any time during my employment/membership with the Keizer Fire District. The information sought may include, but is not limited to employment history, criminal history, and driving record. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the Keizer Fire District, within a reasonable time, for the name and address of the consumer reporting agency used by the Keizer Fire District so that I may obtain a complete disclosure of the nature and scope of the investigation and a written summary of my rights as a consumer.

\_\_\_\_\_  
Initials If the Keizer Fire District makes an offer of employment/membership to me that is contingent upon passing a pre-employment physical examination, including a drug screening exam and x-rays, I consent to such examination and consent to the release to Keizer Fire District of any and all medical information as it may be deemed necessary by the Keizer Fire District in judging my capability to do the work for which I am applying.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



NOTARY PUBLIC SEAL

Subscribed and sworn to me  
on this \_\_\_\_\_ day of \_\_\_\_\_,  
Notary Public for the State of Oregon

**Note:**

- A photocopy reproduced of this request shall be for all intents and purposes as valid as the original.
- This release will expire one (1) year after the date signed.