



Camas Valley Rural Volunteer Fire District

Resident Program Application

P.O. BOX 220, CAMAS VALLEY, OREGON 97416-0220, Phone: (541) 445-2207, Fax: 541-445-2442 Fed. Tax I.D. #930876919

Applicant Information:

- Full Name: _____
- Date of Birth: _____
- Address: _____
- City/State/Zip: _____
- Phone: _____
- Email: _____
- Driver's License #: _____ State: _____ Exp: _____

Emergency Contact:

- Name: _____
- Relationship: _____
- Phone: _____

Education & Experience:

- High School Diploma/GED: ☐ Yes ☐ No
- College/Trade School: _____
- Current Enrollment: _____
- Fire/EMS Certifications: ☐ Firefighter I ☐ Firefighter II ☐ EMT ☐ Other _____
- Previous Fire/EMS Experience: ☐ Yes ☐ No (If yes, list dept/role: _____)

Availability:

- Week available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
- Available weekends? ☐ Yes ☐ No
- Understands requirement to attend trainings: ☐ Yes ☐ No

References:

1. Name: _____ Phone: _____
Relationship: _____
2. Name: _____ Phone: _____
Relationship: _____

Acknowledgment:

I certify that the information provided is true and complete. I understand that any false statements may result in denial or removal from the program.

Signature: _____ Date: _____