

CITY OF TOLEDO
Fire – Rescue
Adult Application



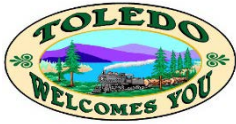
The Toledo Fire Department is primarily staffed by volunteers and is supported by a Fire Chief and two staff members. Volunteer firefighters are the backbone of emergency response, and have corresponding responsibilities in fire suppression, emergency medical and rescue calls, training, fire prevention inspections, routine testing and maintenance of equipment and much more. Being a volunteer firefighter requires the same training as paid firefighters. This job can only be accomplished with a strong commitment to the community and to the department.

When joining, volunteer fire fighters agree to abide by the policies of the City of Toledo, the Toledo Rural Fire Protection District and the bylaws of the volunteer association. In addition, the following requirements must be met to apply for membership to the department.

1. Applicants for regular membership must be a minimum of 18 years of age
2. Applicants for Cadet membership must be between 15 and 18 years of age and can apply with the Cadet Application
3. Members must attend weekly training sessions unless excused by the company officer
4. New members are required to complete the basic training program and become a Firefighter 1 within the first year
5. New members are required to complete an Emergency Medical First Responder Course within the first year
6. Members are expected to respond to emergencies when alerted, we understand this cannot interfere with your work
7. Members must be in good physical condition
8. Members must possess a current Oregon driver's license or state issued Identification card

Toledo Fire Department volunteers have volunteered for over 100 years with honor, skill, determination, and commitment. It is with those qualities in mind that we welcome you to come and experience life as only an emergency responder can.

Toledo Fire Department



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APPLICANT INFORMATION

Name: Last First Middle Initial

Mailing Address: City Zip

Street Address: City Zip

Home Phone: Cell Phone:
SSN: Date of Birth:
ODL: Expiration Date:

EDUCATION

High School: Graduated: YES NO
College: Completed: 1 / 2 / 3 / 4 years
Specialized Training:

EMPLOYMENT

Employer: Date Hired
Address: City/State/Zip
Job Title:
Hours per week: Shift:

REFERENCES:

Name: Phone:
Name: Phone:
Name: Phone:

State any additional information you feel may be helpful to us in considering your application for firefighter.

Three horizontal lines for providing additional information.

I affirm that my answers are true and correct and I have signed the release and waiver form.

Signature of Applicant: Date:

Printed Name: