Volunteer Opportunity Application for

MANHATTAN BEACH FIRE DEPARTMENT

400 15TH Street
MANHATTAN BEACH, CALIFORNIA 90266
(310) 802-5203

FOR OFFICE USE ONLY

☐ ACCEPTED DATE NOTICE MAILED:

☐ REJECTED DATE NOTICE MAILED:

☐ EXPERIENCE
☐ EDUCATION
☐ OTHER

TIME REC'D DATE

INSTRUCTIONS:

1. PLEASE TYPE OR PRINT CLEARLY IN INK.
2. Answer all questions completely and accurately
3. Incomplete or illegible applications will not be considered
4. Incorrect or false statements are cause for rejection or removal from volunteer opportunity
5. Be specific when listing information which meets the volunteer opportunity requirements.

From what source did you learn of this volunteer opportunity?

☐ Newspaper (Name): _____
☐ Personal Inquiry at City Hall
☐ Volunteer Opportunity Interest Card
☐ Volunteer Opportunity Bulletin at: _____
☐ City Website www.citymb.info
☐ Other (Describe): _____

APPLICATION FOR:

FIRE RESERVE VOLUNTEER

EXAM NO:

OPEN

PHONE: ( ) - CELL: ( ) - EMAIL:

APPLICANT'S FULL NAME: OTHER NAMES CURRENTLY OR PREVIOUSLY USED:

LAST, FIRST, MIDDLE PLEASE INDICATE FIRST, MIDDLE OR LAST NAME

PRESENT ADDRESS:

STREET CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER:
- -

DO YOU UNDERSTAND THIS IS A VOLUNTEER POSITION?
YES ☐ NO ☐

CAN YOU SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF U.S. CITIZENSHIP OR PROOF OF RESIDENT ALIEN STATUS IF SELECTED AS A VOLUNTEER?
YES ☐ NO ☐

THIS POSITION REQUIRES A DRIVER'S LICENSE; DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? YES ☐ NO ☐

NUMBER _____ CLASS _____

HAVE YOU EVER VOLUNTEERED FOR OR WORKED FOR THE CITY OF MANHATTAN BEACH?
YES ☐ NO ☐ If YES, in what department? _____

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE CITY OF MANHATTAN BEACH?
YES ☐ NO ☐ If YES, give name, department and relationship: _____

HAVE YOU EVER BEEN A MEMBER OF THE CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM (CalPERS)?
YES ☐ NO ☐

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME ADDRESS TELEPHONE NUMBER

PLEASE LIST ANY MACHINES OR EQUIPMENT YOU CAN OPERATE RELATED TO THIS VOLUNTEER OPPORTUNITY:

DO YOU HAVE ANY SPECIAL EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU BELIEVE WOULD ESPECIALLY CONTRIBUTE TO THE VOLUNTEER OPPORTUNITY APPLIED FOR?

WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT OR VOLUNTEER PLACEMENT:

YES ☐ NO ☐ If YES, please explain: _____

A. HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF ANY OFFENSE? YES ☐ NO ☐ If YES, please explain below

YOU MAY ONLY OMIT: (1) Traffic violations for which the fine imposed was $30 or less. (2) Any offense which was finally adjudicated in a Juvenile Court or under the Youth Offender Law. (3) Any incident that has been sealed under Welfare and Institutions Code Section 781 or Section 1203.45. (4) Convictions for certain marijuana offenses that are more than two years old, pursuant to Labor Code Section 432.8 – contact Human Resources to obtain a list of convictions which can be omitted from the application.

B. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES ☐ NO ☐ If YES, please explain below

If your answer to A or B is YES, list all offenses, giving date, location, nature, and disposition for each. Use additional sheets if necessary.

_____

DO YOU HAVE A CURRENT CALIFORNIA EMT LICENSE?
YES ☐ NO ☐

HAVE YOU COMPLETED FIREFIGHTER I TRAINING FROM A CALIFORNIA STATE FIRE MARSHAL RECOGNIZED FIRE ACADEMY? YES ☐ NO ☐

EDUCATION AND EXPERIENCE

EDUCATION

Highest level of education completed (Please check appropriate box):	High School Graduate? ☐ YES ☐ NO
☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16+	Passed High School Equivalency Test? ☐ YES ☐ NO

Name and Location (City, State) of College or University, Business Correspondence, Trade or Service Schools	Field of Study (Major)	Completed		DEGREE (Indicate type)
		Semester Units	Quarter Units	

CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE, LICENSES, MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS:

EXPERIENCE

MUST BE FILLED OUT COMPLETELY! Begin with your most recent experience. List all experience within the last ten years, including U.S. military service and periods of unemployment. Give details on the experience which you believe meets the requirements for this volunteer opportunity. Go back more than ten years if necessary. Also, list any volunteer experience which you feel helps you meet the requirements for this volunteer opportunity. Resumes may be submitted in addition to your application, but the information below must be completed. **Use extra sheets of paper if necessary**, including the same information categories requested below.

Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer: Address: Telephone Number: ( ) -	Duties of Your Position:		
Supervisor's Name:	Reason for leaving:		Salary: $ per ☐Month ☐Week ☐Hour
Currently Employed? YES ☐ NO ☐ If YES, may we contact your present employer? YES ☐ NO ☐			
Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer: Address: Telephone Number: ( ) -	Duties of Your Position:		
Supervisor's Name:	Reason for leaving:		Salary: $ per ☐Month ☐Week ☐Hour
Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer: Address: Telephone Number: ( ) -	Duties of Your Position:		
Supervisor's Name:	Reason for leaving:		Salary: $ per ☐Month ☐Week ☐Hour
Employed FROM: TO: TOTAL: YRS MOS	Title of Your Position:	Number of hours worked per week:	Number of employees you supervised:
Employer: Address: Telephone Number: ( ) -	Duties of Your Position:		
Supervisor's Name:	Reason for leaving:		Salary: $ per ☐Month ☐Week ☐Hour

READ CAREFULLY BEFORE SIGNING:

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I authorize the City of Manhattan Beach to investigate my qualifications, employment record or character through inquiries to any sources mentioned in this application, unless otherwise stated in this application, and I understand and agree that any misstatements or omissions of material fact herein may cause forfeiture on my part of the opportunity to volunteer for the Manhattan Beach Fire Department or later removal from the volunteer opportunity.

I further agree to be fingerprinted, to submit to a complete medical examination by a City physician, to sign an oath of office, and to furnish such proof of education and citizenship. Completion of these conditions does not imply or an offer of this volunteer opportunity

SIGNATURE: _____ **DATE:** _____

City Hall 1400 Highland Avenue Manhattan Beach, CA 90266-4795
Telephone (310) 802-5000 FAX (310) 802-5251 TDD (310) 546-3501

To Whom It May Concern:

RE: Name: _____
Social Security No.: _____

The individual referenced above is being considered for the volunteer opportunity of Fire Reserve Volunteer with the City of Manhattan Beach.

The signed release below authorizes you to provide us with information concerning the applicant's employment with you or educational history.

Sincerely,

Human Resources Department

RECORD INQUIRY WAIVER

I hereby authorize any former employer, its employees and representatives, or any person listed as a reference to provide all relevant information regarding my employment, educational history and job performance to the City of Manhattan Beach, and any of its employees, representatives, and agents. This information may be provided either verbally or in writing.

In addition to authorizing the release of all information regarding my employment which is relevant to an evaluation of my qualifications for participation in the Fire Reserve Program, I hereby waive any rights or claims I have or may have, past, present, or future, known or unknown, against any former employer, its employees and representatives, or former educational institution from all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by said person or party, whether or not such information is favorable or unfavorable to me. I also agree that a photographic copy of this waiver is as valid as the original.

This authorization shall be valid until _____.

Applicant's Signature: _____ Date: _____

Volunteer Opportunity Applied for: Fire Reserve Volunteer

Fire Department Address: 400 15th Street, Manhattan Beach, CA 90266 FAX (310) 802-5201
Visit the City of Manhattan Beach Web Site at www.citymb.info

CITY OF MANHATTAN BEACH
VOLUNTARY APPLICATION IDENTIFICATION FORM

Name: _____ Date: _____

Position Applied for: Fire Reserve Volunteer

To comply with statistical information on applicant flow patterns requested by the Federal Equal Employment Opportunity Commission (41 CFR 60-2.12), we would appreciate your voluntary cooperation in providing the following information. ***THIS INFORMATION IS NOT A PART OF THE SELECTION PROCESS*** since this form will be detached from your application and used for statistical reporting only.

Age: ☐ Under 21 ☐ 21 to 44 ☐ 45 and over

Sex: ☐ Female ☐ Male **Physically Handicapped:** ☐ No ☐ Yes

RACE (Ethnicity):

☐ **White (Not of Hispanic origin)**: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **Black or African American (Not of Hispanic origin)**: A person having origins in any of the black racial groups of Africa.

☐ **Hispanic**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **Asian or Pacific Islander**: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, the Philippine Islands, and Samoa.

☐ **American Indian or Alaska Native**: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

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NO SMOKING ACKNOWLEDGEMENT

Fire Reserve Volunteer

I, _____, understand that as a condition of my volunteer service with the City of Manhattan Beach, I must refrain from smoking tobacco or using any other tobacco substance at any time on or off duty.

Violation of this condition of volunteer service shall be deemed cause for removal from participation in the Fire Reserve Program.

_____ _____
Signature Date

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RELEASE OF LIABILITY AND ASSUMPTION OF RISK
CITY OF MANHATTAN BEACH FIRE DEPARTMENT
FIRE RESERVE VOLUNTEERS

I desire to participate in the City of Manhattan Beach Fire Reserve Program. I understand that as a participant, I will participate in activities that may include, but are not limited to: responding to alarms involving fires, accidents, gas leaks, flooded structures, forcible entry, lifesaving, and search and rescue work, and other hazardous conditions; performing Basic Life Support (BLS); using hand and power tools for ventilation and forcible entry; pull and place fire hoses; raise, climb, and lower ladders; directing water streams; ventilating; performing salvage and overhaul operations during and after fires to remove hazards and prevent water damage; directing traffic; checking to ensure that safety equipment, hoses, and donning gear are properly organized and stored for ready use; performing preventive maintenance on fire apparatus and equipment and maintaining fire station grounds and facilities; participating in fire safety inspections, drills, and training exercises; documenting and updating inventory of medical supplies in ambulances; entering records of supplies used for patient billing record; participating in public education programs for schools, civic groups, and other parties concerning fire safety, emergency preparedness, and emergency medical procedures; using medical equipment; conducting station tours; participating in coordinated response drills, training operations and self-directed physical fitness programs; participating in inspections of residential and commercial buildings for fire prevention and pre-fire planning purposes; and operating a medical ambulance and administering basic life support procedures. Such activities will be referred to as "Activities" in this Release of Liability and Assumption of Risk (this "Release").

I certify that the Activities have been explained to me and that I am physically and emotionally able to participate in such Activities. I further certify that I am 18 years of age or older, have a valid California driver's license, maintain a valid EMT certificate, and maintain vehicle insurance. In the event of an accident or other emergency during my participation in the Activities, I hereby authorize the Officials (as defined below) to provide me with emergency medical aid if needed.

I also understand that serious accidents may occur without warning during my participation in the Activities, and that a participant could sustain serious or fatal

personal injuries as a consequence thereof. Nevertheless, I expressly assume the risks, both known and unknown, of participating in the Activities and agree that under no circumstances will I or any of my heirs, administrators, executors, assigns or successors in interest ("Successors") file any civil action or claim, including but not limited to actions or claims for personal injury, wrongful death or property damage, against the City of Manhattan Beach and its elected officials, officers, agents, employees, consultants and volunteers (collectively "Officials") who might be liable to me or any of my Successors for such injuries or damages.

Therefore, in consideration of being permitted to participate in the Activities, and to the maximum extent permitted by law, I hereby voluntarily waive, release and discharge in advance any and all actions or causes of action, claims, liabilities, losses, demands, and suits including, but not limited to, actions or claims for personal injury, wrongful death and/or property damage, that I or any of my Successors may have, or that may accrue, arising out of, or connected in any way with my participation in the Activities, including activities incidental thereto (collectively, "Claims"). This Release is intended to release and hold harmless in advance the Officials, with respect to any and all Claims, whether or not caused by the active or passive negligence of any of the Officials. However, nothing in this Release is intended to require me to indemnify the City for injuries or damages suffered by third parties. Nor is this Release intended to waive any right to workers' compensation benefits, to the extent I am otherwise entitled to such benefits.

I AM SIGNING THIS DOCUMENT WITH THE INTENT TO RELEASE AND HOLD HARMLESS IN ADVANCE THE OFFICIALS (AS DEFINED ABOVE) FROM ANY AND ALL LIABILITY, INCLUDING BUT NOT LIMITED TO LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, OR PROPERTY DAMAGE, TO THE MAXIMUM EXTENT PERMITTED BY LAW WHETHER OR NOT CAUSED BY THE ACTIVE OR PASSIVE NEGLIGENCE OF ANY OF THE OFFICIALS. I HAVE READ THIS DOCUMENT AND UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP IMPORTANT LEGAL RIGHTS.

Dated: _____ _____

Signature of Volunteer