



**FERRY/OKANOGAN FPD #14**  
**PO Box 98**  
**Curlew, WA 99118**

**APPLICATION**  
**FOR**  
**MEMBERSHIP**

**\*Incomplete applications WILL NOT be processed\***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Middle initial *required*)

Position(s) you are applying for: Firefighter\_\_\_\_ First Responder\_\_\_\_ EMT\_\_\_\_ Ambulance Driver\_\_\_\_ Other\_\_\_\_

Washington State Driver's License Number \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Present Address, both street and PO Box if applicable \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Ph# \_\_\_\_\_

Length of time at this address \_\_\_\_\_ Cell Ph# \_\_\_\_\_

Home Ph# \_\_\_\_\_ e-mail address: \_\_\_\_\_

Occupation \_\_\_\_\_ Length of time at current job \_\_\_\_\_ SS# \_\_\_\_\_

Next of Kin or person to notify in case of emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_ Ph# \_\_\_\_\_

What is the condition of your health? \_\_\_\_\_ of your back? \_\_\_\_\_

Do you, or have you ever had, a heart disorder, kidney disorder, back problems, or hernia? \_\_\_\_\_

List any physical handicaps that you may have: \_\_\_\_\_

Are you now receiving any compensation or pension other than from earned wages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list source \_\_\_\_\_

Have you ever been convicted of any crimes? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, use back of form to list and explain.

**\*Required\* Attach photo copies of your Driver's License, Social Security Card, and any certifications you currently hold.**

Complete the bottom of the enclosed W-4 and the top of the I-9. These forms must be signed or your application will be deemed incomplete and will not be processed. A copy of your **social security card is required**, no exceptions.

**I understand** Ferry/Okanogan FPD #14 has a minimum attendance requirement: 10% of trainings and 10% of emergency response in my selected Division.

**I hereby certify** that I am in good health, and that the answers to the above questions are true to the best of my belief and knowledge. **I understand** all applicants are subject to a background check and drug screening at the commissioners' discretion.

**Signatures required.**

Date \_\_\_\_\_ witness \_\_\_\_\_ applicant \_\_\_\_\_

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Application accepted \_\_\_\_\_ rejected \_\_\_\_\_ Authorized by the Board of Commissioners on \_\_\_\_\_

\_\_\_\_\_  
 J Foster Fanning, Chairman

\_\_\_\_\_  
 Robert Lattin, Commissioner

\_\_\_\_\_  
 Steve Goss, Commissioner

J. Foster Fanning  
 Chairman  
 509-779-4766

Robert Lattin  
 Commissioner  
 509-675-7374

Steve Goss  
 Commissioner  
 509-207-0566

Bonnie Goss  
 Secretary  
 509-207-0566

John Esten Lee  
 Fire Chief  
 509-779-0367

Mario D'Lerma  
 EMS Chief  
 509-779-0467