



# SANTA CRUZ COUNTY FIRE DEPARTMENT

Chief Nate Armstrong

6059 Highway 9, Felton, CA 95018 | (831) 335-5353 | FAX (831) 335-4053 | TDD:(831) 454-2123

## VOLUNTEER DRIVER APPLICATION

DATE SUBMITTED:	
VOLUNTEER NAME:	
COMPANY NUMBER:	

### INSTRUCTIONS:

- PRINT or TYPE the requested information on this application.
- DO NOT LEAVE ANY SPACES BLANK.
- Attach copies of the required certificates.

## REQUIRED CERTIFICATIONS

### ***VOLUNTEER CERTIFICATION:***

### ***DATE COMPLETED***

<input type="checkbox"/> 12 months experience as a <b><i>VOLUNTEER FIREFIGHTER</i></b> in good standing.	
<input type="checkbox"/> SFM Driver Operator 1A	
<input type="checkbox"/> Volunteer Driver Training Task Log (14 hours of driving minimum)	
<input type="checkbox"/> Commanding the Initial Response or course equivalent (Command 1A or IM2)	
<input type="checkbox"/> NIMS - 800	
<input type="checkbox"/> Current DMV Report	
<input type="checkbox"/> Copy of current Class C License	
<input type="checkbox"/> Successful completion of written and manipulative skills exercise	

I CERTIFY THAT I HAVE PROVIDED TRUE AND COMPLETE INFORMATION ON THIS APPLICATION. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MAY RESULT IN DISMISSAL AS A VOLUNTEER FIREFIGHTER FROM THE SANTA CRUZ COUNTY FIRE DEPARTMENT. I UNDERSTAND THAT AS A VOLUNTEER DRIVER I AM RESTRICTED FROM DRIVING ANY FIRE APPARATUS WITH A PUMP OR A GROSS WEIGHT OF OVER 26,000 POUNDS.

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### ***TRAINING CHIEF VERIFICATION:***

I CERTIFY THE ABOVE STATED TRAINING HAS BEEN COMPLETED AND I HAVE VERIFIED ALL REQUIRED DOCUMENTATION.

TRAINING CHIEF NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### ***APPROVING SIGNATURES:***

THE SIGNATURES BELOW ARE APPROVAL AND CONFIRMATION THAT THE ABOVE STATED VOLUNTEER FIREFIGHTER MEETS OR EXCEEDS THE QUALIFICATIONS TO BE A CERTIFIED AND QUALIFIED ***VOLUNTEER DRIVER*** FOR THE SANTA CRUZ COUNTY FIRE DEPARTMENT AS OUTLINED IN THE SANTA CRUZ COUNTY FIRE DEPARTMENT VOLUNTEER HANDBOOK.

COMPANY OFFICER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BATTALION CHIEF: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPUTY CHIEF: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_