



# SANTA CRUZ COUNTY FIRE DEPARTMENT

Chief Nate Armstrong

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## VOLUNTEER CAPTAIN 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"/> 24 months experience as a <b><i>VOLUNTEER ENGINEER</i></b> in good standing.	
<input type="checkbox"/> SFM Instructor I	
<input type="checkbox"/> SFM Company Officer 2D	
<input type="checkbox"/> SFM Company Officer 2E	
<input type="checkbox"/> Must pass a written exam 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.

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 CAPTAIN*** 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: \_\_\_\_\_