



CDF/COUNTY FIRE SAN MATEO-SANTA CRUZ

VOLUNTEER CAPTAIN APPLICATION

COMPANY NUMBER _____
DATE APPLICATION SUBMITTED _____

INSTRUCTIONS:

- Please **PRINT** or **TYPE** the requested information on this application.
- If an item does not apply to you, mark the space with "N/A".
- DO NOT LEAVE ANY SPACES BLANK.**
- Please attach copies of the required certificates.

NAME: _____
Last
First
Middle

REQUIRED CERTIFICATIONS

CERTIFICATION	DATE COMPLETED
<input type="checkbox"/> 24 months experience as a " VOLUNTEER ENGINEER "	
<input type="checkbox"/> ICS 200 course	
<input type="checkbox"/> Instructor 1A or Instructional Techniques for the Company Officer Course	
<input type="checkbox"/> Fire Service Supervision Module or Fire Management 1 Course	

TRAINING CHIEF VERIFICATION OF TRAINING: _____ DATE: _____

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 FOR CDF/COUNTY FIRE.

EMPLOYEE SIGNATURE: _____ DATE: _____

The signatures below are approval and confirmation that the above stated Volunteer meets or exceeds the qualifications to be a "Volunteer Captain" for CDF/ County Fire as outlined in the Santa Cruz County Volunteer Firefighter Handbook.

COMPANY OFFICER SIGNATURE: _____ DATE: _____

BATTALION CHIEF SIGNATURE: _____ DATE: _____

OPERATIONS CHIEF SIGNATURE: _____ DATE: _____