



# CDF/COUNTY FIRE SAN MATEO-SANTA CRUZ

## VOLUNTEER DRIVER 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

<b>CERTIFICATION</b>	<b>DATE COMPLETED</b>
<input type="checkbox"/> 24 months as a Volunteer Firefighter with SCCO Fire	
<input type="checkbox"/> Must be a current Volunteer Fire Fighter II	
<input type="checkbox"/> EVOC-Emergency Vehicle Operations Course	
<input type="checkbox"/> Preventative Maintenance Course	
<input type="checkbox"/> Supervised Driver Training	
<input type="checkbox"/> Driver Training Task Book (hours/day/night)	
<input type="checkbox"/> Commanding the Initial Response or course equivalent	
<input type="checkbox"/> Current DMV Report	
<input type="checkbox"/> Copy of current Class B License	
<small>*Class B License is not required unless the apparatus in question has a pump or weighs 26, 000 pounds or more.</small>	

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 Driver” 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: \_\_\_\_\_