



CAL FIRE/COUNTY FIRE SAN MATEO-SANTA CRUZ

VOLUNTEER DRIVER APPLICATION

COMPANY NUMBER _____
DATE APPLICATION SUBMITTED _____

INSTRUCTIONS:

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

NAME: _____
Last
First
Middle

REQUIRED CERTIFICATIONS

| CERTIFICATION | DATE COMPLETED |
|---|-----------------------|
| <input type="checkbox"/> Must be a Volunteer Fire Fighter II with Santa Cruz County Fire Department for 12 months | |
| <input type="checkbox"/> SFM Driver Operator 1A | |
| <input type="checkbox"/> Driver Training Task Book (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 | |

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 CAL FIRE/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 CAL FIRE/ County Fire as outlined in the *Santa Cruz County Volunteer Firefighter Handbook*.

COMPANY OFFICER SIGNATURE: _____ DATE: _____

BATTALION CHIEF SIGNATURE: _____ DATE: _____

OPERATIONS CHIEF SIGNATURE: _____ DATE: _____