



CAL FIRE/COUNTY FIRE SAN MATEO-SANTA CRUZ

VOLUNTEER ENGINEER 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 Driver in good standing with Santa Cruz County Fire Department for 6 months	
<input type="checkbox"/> SFM Driver/Operator 1B	
<input type="checkbox"/> Current California Class C License with Firefighter Endorsement	
<input type="checkbox"/> S-231 Engine Boss - required for engine (CICCS)	
<input type="checkbox"/> SFM Fire Command 1A	
<input type="checkbox"/> SFM or NWCG ICS-300	
<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 Engineer" 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: _____