

**Release of Information,
Medical and Liability Waiver
Packet**

**The following information must be
completed, signed and RETURNED by
March 1st, 2018 no later than 5pm.**

The following documentation, **MUST** be printed, filled out, signed and sent back:

Authorization to Check Work History
Personal History Statement
Waiver of Liability Statement
Agency Identification Form

If any of the above documentation is missing from your application packet and/or you do not sign all required signatures and provide us with a correct address, phone and email it will result in a disqualify.

**Please send the completed application by
March 1ST, 2018 no later than 5pm**

All applications received by mail must be postmarked no later than March 1, 2018

Please return application to: John Failla– COCC
Ponderosa Building
2600 NW College Way
Bend, OR 97703

CENTRAL OREGON FIRE AGENCIES

JOINT AFFILIATION RECRUITMENT

Authorization to Check Work History and Release of Prior Employers

I authorize CENTRAL OREGON COMMUNITY COLLEGE FIRE PROGRAM DIRECTOR and the CENTRAL OREGON FIRE AGENCIES to check my references and to otherwise verify the accuracy of information contained in my application for a student position and/or employment in a reserve program. I further authorize my past employers and educational institutions with information about my work history and education to provide such information to CENTRAL OREGON COMMUNITY COLLEGE FIRE PROGRAM DIRECTOR and the CENTRAL OREGON FIRE AGENCIES in response to their inquiry. I agree to hold harmless from any liability (suit, claim or other action) Central Oregon Community College and the Central Oregon Fire Agencies, its representatives, and anyone supplying such information to Central Oregon Community College and the Central Oregon Fire Agencies.

Name

Signed: _____ Date _____

**CENTRAL OREGON FIRE AGENCIES
JOINT AFFILIATION RECRUITMENT**

PERSONAL HISTORY STATEMENT

Name _____
Last First MI

Present
Address _____
Street & Number City State Zip

Permanent
Address _____
Street & Number City State Zip

Phone _____ Email _____

Date of Birth _____
Month day year

Any physical problems/medical problems? No Yes. If yes, please explain _____

Date of last doctor's visit: _____ Reason _____

Has your driver's license ever been suspended or revoked? No Yes. If yes, explain _____

Have you ever been convicted of a crime? No Yes. If yes, explain _____

All information included on this form will be kept Personal and Confidential by the Central Oregon Fire Agencies and Central Oregon Community College Fire Program Director.

Signature _____ Date _____

**CENTRAL OREGON FIRE AGENCIES
JOINT AFFILIATION RECRUITMENT**

WAIVER OF LIABILITY STATEMENT

I, _____, have expressed an interest in becoming a participant in the Central Oregon Fire Agencies Joint Affiliation Recruitment program. I understand that as a part of the application process I must complete a physical ability course to demonstrate my ability to perform the tasks associated with firefighting and emergency medical services activities. I also understand that the physical ability demonstration may be physically demanding.

With this understanding, I request the opportunity to participate in the physical ability demonstration and practice the physical ability test, as a part of the application process, and release Central Oregon Community College and the Central Oregon Fire Agencies, and any members or representatives thereof from any and all liability with regard to any injury or illness of any kind resulting from my participation in the physical ability demonstration process.

Applicant Signature

Date

(If the applicant is under the age of 18, a parent/guardian must also sign below to consent and grant permission for named applicant to participate in the above listed activity.)

Signature

Date: _____ Parent/Guardian

**Central Oregon Fire Agencies
Joint Affiliation Recruitment
AGENCY IDENTIFICATION FORM**

I, _____ have chosen the following Fire
Fist and Last Name

Departments as my 1st, 2nd and 3rd choices and I have made contact with the person listed as a representative at that department on the date below:

#1 _____

Agency Contact: _____ Date: _____

#2 _____

Agency Contact: _____ Date: _____

#3 _____

Agency Contact: _____ Date: _____

I also understand that by choosing any of the above departments I am NOT guaranteed a position within the departments and I am also NOT guaranteed a scholarship with any of the above departments.

Selections and Scholarship awards will be made by the fire agencies as a collaborative effort and selections and scholarships will be awarded by the departments based on your performance and ranking in all the testing areas and are the ultimate decision of that department's Fire Chief.

Date available to take a student position if selected: _____

Student Signature _____ **Date** _____

(If the applicant is under the age of 18, a parent/guardian must also sign below to consent they have read the above information.)

Signature **Date:** _____ **Parent/Guardian**

Application Remittance Information and Check-off List

Please make sure ALL of the following are included when you send back:

Authorization to Check Work History
Personal History Statement
Waiver of Liability Statement
Agency Identification Form

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