



**SOUTH BAY FIRE DEPARTMENT
THURSTON COUNTY FIRE PROTECTION
DISTRICT 8**

3506 SHINCKE RD. NE OLYMPIA, WA 98506
TELEPHONE: 360-491-5320 • FAX: 360-438-0523

The South Bay Fire Department, Thurston County FPD 8, is currently accepting applications for

Volunteer Receptionists

Duties:

- Welcome and direct visitors to the District
- Answer multi-line phone promptly and efficiently
- Direct calls to appropriate personnel
- Take and relay messages; communicate messages to the proper personnel in a timely manner
- Return calls as necessary
- Open and distribute incoming mail; prepare outgoing mail
- Work with customers in processing county open burning permits
- Respond to routine requests for information from officials, staff and the public
- Copy and distribute correspondence, memoranda, reports and other related materials
- Assist with maintaining file system of departmental records
- Schedule appointments for department employees as required
- Operate office equipment
- Perform other clerical tasks as needed

Minimum Qualifications:

- Ability to work tactfully and effectively with the public
- Ability to multi-task with phone, walk-in customers and frequent interruptions
- Ability to maintain focus and composure
- Must meet District standards for customer service and teamwork

Other Qualification Requirements:

- Must be physically able to operate a variety of automated office machines such as: computer, printer, facsimile machine, copy machine, calculator, telephone, etc.
- Physical demand requirements are at levels of those for sedentary work.
- High school diploma (or GED) required, with some experience of a clerical/secretarial nature and experience in dealing with the public in person or by telephone; or any equivalent combination of education, training and experience which provides knowledge, skills and abilities for this job.
- The Receptionist shall maintain a professional attitude in the performance of all duties. Information, written correspondence and business conversations shall be kept in confidence at all times.

Work Schedule/ Reimbursement:

1 or 2 regularly scheduled four-hour shifts per week during business hours; \$20 volunteer stipend per shift

Testing: Review of qualifications, oral interview(s), background check, references check

Application packets may be picked up at & completed application packets can be hand-delivered or mailed to:

South Bay Fire Department, Station 81
3506 Shincke Rd NE, Olympia, WA 98506
8:00 am to 5:00 pm, Monday – Friday. Phone 360/491-5320. *Packets can be mailed upon request.*

Closing Date: Positions will be open until filled.



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Supplement to Member Application

Please print in ink

Position applied for Volunteer Receptionist	Date
Name (Last, First, Initial)	

1. Do you have experience as a receptionist?

- Yes No

If yes, where? For how long? What was the nature of the business?

2. To what extent are you available consistently for a weekly scheduled 4-hour shift?

3. What days/hours are you available?

- Monday Thursday 9 am – 1 pm
 Tuesday Friday 1 pm – 5 pm
 Wednesday

4. As a volunteer receptionist, are you: (*check all that apply*)

- Able to multi-task answering phones and helping visitors, often with frequent interruptions
- Able to provide answers/information as appropriate, asking for help when necessary to ensure that our citizens receive accurate information
- Able to be objective and maintain composure when assisting a difficult or angry citizen
- Able to take direction and learn new information/processes
- Able to sit for extended periods of time, some of which may be non-productive



South Bay Fire District 8

3506 Shincke Rd. N.E. Olympia WA 98506
 (360) 491-5320 Fax: (360) 438-0523

Member Application

Please type or print in ink

Position applied for	Date	
Application Type		
<input type="checkbox"/> Volunteer Firefighter	<input type="checkbox"/> Volunteer Receptionist	<input type="checkbox"/> Lateral Volunteer Firefighter
<input type="checkbox"/> Volunteer Resident	<input type="checkbox"/> Volunteer Public Educator	<input type="checkbox"/> Lateral Volunteer EMT
<input type="checkbox"/> Volunteer Student	<input type="checkbox"/> Volunteer Captain	<input type="checkbox"/> Lateral Volunteer Captain

Personal Data

Name (Last, First, Initial)		Social Security No.
Street Address	City	State/Zip
Mailing Address (If Different)	City	State/Zip
Driver's License No. and State	Home Phone:	Cell Phone:
	Work Phone:	Email:
Have you ever been convicted of a misdemeanor or felony crime? (Conviction is not an automatic bar to employment) <input type="checkbox"/> Yes If yes, please explain date, charge, place and action taken: (Use back page if necessary) <input type="checkbox"/> No		

Education

School Name and Location (attach additional sheet if more space is needed)	Number of Years	Did you graduate?	Course of Study/Degree
High School			
College			
Other			
List Licenses, Certificates or Registrations	Where Issued	Issue Date	Expiration Date

References (Please do not list relatives)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Employment and/or Volunteer History: Start with current/last position held. Attach additional pages if necessary. You may attach a resume, but this section must be completed.

Company Name:	Telephone No:	Employed (Mo./Yr.) From: To:
Company Address:	Okay to contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Reason for leaving:
	Your Title:	Monthly Salary:
Specific Duties:		
		No. Employees Supervised:
Immediate Supervisor:		

Company Name:	Telephone No:	Employed (Mo./Yr.) From: To:
Company Address:	Okay to contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Reason for leaving:
	Your Title:	Monthly Salary:
Specific Duties:		
		No. Employees Supervised:
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Company Name:	Telephone No:	Employed (Mo./Yr.) From: To:
Company Address:	Okay to contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Reason for leaving:
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Specific Duties:		
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Immediate Supervisor:		

Company Name:	Telephone No:	Employed (Mo./Yr.) From: To:
Company Address:	Okay to contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Reason for leaving:
	Your Title:	Monthly Salary:
Specific Duties:		
		No. Employees Supervised:
Immediate Supervisor:		

Special Skills

If you have other skills obtained through hobbies, volunteer work, etc., relevant to the position for which you are applying, please describe:

Special Equipment

List machines/equipment that you can operate which are necessary or useful to this position.

Languages

List any languages other than English that you speak fluently.

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I hereby declare the information provided by me in this Application is true, correct, and complete to the best of my knowledge. I understand that if I am selected to be a member, any mis-statement or omission of fact on this Application shall be considered cause for dismissal. I authorize investigation of all statements in this Application.

I authorize all previous employers to furnish employing agency my record, reason for leaving, and all information they may have concerning me and I hereby release them and the employing agency from all liability or any damage whatsoever arising therefrom.

Name _____ Date _____

SOUTH BAY FIRE DISTRICT 8 IS AN EQUAL OPPORTUNITY EMPLOYER



South Bay Fire Department

Authorization for Release of Information

I hereby authorize Thurston County Fire District Eight to conduct a complete background investigation for the purpose of verifying the information contained in my application and my fitness for the position that I have applied for. I further acknowledge and agree that the District may:

- Contact my present or former employers for all information relating to achievement, performance, attendance, personal history, and discipline
- Confirm the status of my driver’s license and driving record (if applicable to position requirements)
- Inquire into any criminal convictions on my record
- Obtain copies of my medical records
- Contact any personal references provided
- Verify my educational background and training

I specifically authorize any person, firm or corporation contacted by Fire District Eight to release any of the above records to the District. I agree to:

- ~ Waive any privilege of confidentiality I may have with respect to said records
- ~ Waive any claims against the District or against any prior employers as a result of the District’s collection of said information

Dated this _____ Day of _____, 201_____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Name: Last, First, Middle
(Please Print): _____

Signature: _____