



Orcas Island Fire & Rescue

Neighbors Serving Neighbors since 1948

Volunteer Application Packet Checklist

Application Packet:

- ___ Application
- ___ Verification on Confidentiality and Dissemination of Patient Information
- ___ Statement of Understanding for Volunteer Services
- ___ Health History Questionnaire (Include Immunization/Vaccination Records, if possible) * You can place this in a second sealed envelope as it is only seen by our Wellness Team*
- ___ Acknowledgment & Authorization for Background Check Form
- ___ Disclosure Regarding Investigative Consumer Report Background Investigation
- ___ WA DOL Driving Record Release of Interest
- ___ Provide your Washington State Driver's License for us to copy
- ___ Proof of High School Completion (i.e., Transcript, Higher Ed Docs, GED, etc.)
- ___ Résumé (optional)
- ___ Letter of Introduction - *“Why I Want to Join OIFR”* (optional)



Orcas Island Fire & Rescue

Neighbors Serving Neighbors since 1948



P.O. Box 217
Eastsound, WA 98245
360-376-2331

45 Lavender Lane
Eastsound, WA 98245
FX: 360-376-4463

SAN JUAN COUNTY FIRE DISTRICT#2 MEMBERSHIP APPLICATION

PERSONAL DATA	POSITION APPLYING FOR																																		
	NAME		WORK PHONE	HOME PHONE																															
	ADDRESS		ARE YOU 18 YEARS OF AGE OR OLDER?	SOCIAL SECURITY NUMBER																															
	CITY	STATE	ZIP	DRIVERS LICENSE NUMBER	EMAIL ADDRESS																														
	Do you have any conditions which would prevent you from performing in this position? Yes No																																		
	If yes, what accommodations would you need, if any, to assist you in performing your duties? (please attach)																																		
	<table border="1"> <thead> <tr> <th>NAME OF SCHOOL, UNIVERSITY OR VOCATIONAL SCHOOL</th> <th>DEGREE</th> <th>DATES ATTENDED FROM/TO</th> <th>MAJOR</th> <th>GPA</th> </tr> </thead> <tbody> <tr><td>HIGH SCHOOL</td><td></td><td></td><td></td><td></td></tr> <tr><td>COLLEGE</td><td></td><td></td><td></td><td></td></tr> <tr><td>COLLEGE</td><td></td><td></td><td></td><td></td></tr> <tr><td>OTHER</td><td></td><td></td><td></td><td></td></tr> <tr><td>OTHER</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					NAME OF SCHOOL, UNIVERSITY OR VOCATIONAL SCHOOL	DEGREE	DATES ATTENDED FROM/TO	MAJOR	GPA	HIGH SCHOOL					COLLEGE					COLLEGE					OTHER					OTHER				
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COLLEGE																																			
OTHER																																			
OTHER																																			
List your work experience for the last 3 years including self employment, military service and periods of unemployment. Attach additional sheets if necessary																																			
EMPLOYMENT HISTORY	MOST RECENT EMPLOYER		PHONE	FROM-TO																															
	ADDRESS		HOURS WORKED																																
	TITLE/POSITION		IMMEDIATE SUPERVISOR																																
	JOB DESCRIPTION																																		
	REASON FOR LEAVING																																		
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JOB DESCRIPTION																																			
REASON FOR LEAVING																																			

List any organizations you have volunteered for		
VOLUNTEER ORGANIZATION	PHONE	FROM-TO
ADDRESS	HOURS WORKED	
TITLE/POSITION	IMMEDIATE SUPERVISOR	
JOB DESCRIPTION		
REASON FOR LEAVING		
VOLUNTEER ORGANIZATION	PHONE	FROM-TO
ADDRESS	HOURS WORKED	
TITLE/POSITION	IMMEDIATE SUPERVISOR	
JOB DESCRIPTION		
REASON FOR LEAVING		
VOLUNTEER ORGANIZATION	PHONE	FROM-TO
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TITLE/POSITION	IMMEDIATE SUPERVISOR	
JOB DESCRIPTION		
REASON FOR LEAVING		

CERTIFICATES	EXPIRATION DATE	SKILLS		
OTHER RELATED EXPERIENCE				
<p>List names and telephone numbers of three business/work references who are <i>not</i> related to you. If not applicable, list three school or personal references who are not related to you.</p>				
NAME	TITLE	RELATIONSHIP	PHONE	YEARS KNOWN

PLEASE LIST PRIMARY AND SECONDARY EMERGENCY CONTACTS		
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER

CONVICTION/CRIMINAL HISTORY INFORMATION

Instructions: Complete ALL sections and sign below. The information you provide will be used only as it relates to consideration for employment (paid and volunteer)

Before acceptance as a volunteer or employee of the San Juan County Fire Protection District #2, you should be aware a Criminal Background check will be required. *Note* If you have had a felony arrest, you can not proceed with the application process. If you have had a misdemeanor crime against person within the past 10 years, or any other misdemeanor arrest within the past 5 years, you may not proceed with the application process.

As an applicant for a position with the district, you must disclose in writing whether you have been convicted of any crimes listed below:

CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION

Have you ever been convicted of any of the crimes listed below? NO YES - If yes, check all that apply and describe in space below.

- | | | |
|----------------------------|-----------------------------------|--|
| Arson | Extortion | Promoting Prostitution |
| Assault, Custodial | Forgery | Prostitution |
| Assault, Simple | Incest | Robbery |
| Assault | Indecent Exposure-Felony | Rape |
| Burglary | Indecent Liberties | Rape of Child |
| Child Abandonment | Kidnapping | Selling/Distr. Erotic Materials to a Minor |
| Child abuse or Neglect | Malicious Harassment | Sexual Exploitation of a Minor |
| Child Buying or Selling | Manslaughter | Sexual Misconduct with a Minor |
| Child Molestation | Murder, Aggravated | Theft |
| Communication with a Minor | Murder | Unlawful Imprisonment |
| Criminal Abandonment | Patronizing a Juvenile Prostitute | Vehicular Homicide |
| Criminal Mistreatment | Promoting Pornography | Violation of Child Abuse Restraining Order |
| Custodial Interference | | |

Explanation of Violation(s):

Your declaration shall specify all crimes against children or other person, all crimes relating, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult. Your declaration shall be signed under penalty of perjury.

I _____ declare under penalty of perjury that I have not been convicted by a court or found in any of the foregoing proceedings to be guilty of the actions as described in items above. Executed this _____ day of _____, 20_____.

X

SIGN HERE

DRIVING RECORD EVALUATION

This form to be completed by administration to be considered for employment

All applicants for career and volunteer positions with Orcas Island Fire & Rescue will have their driving records evaluated. Orcas Island Fire & Rescue uses the violation points system listed below. If your permanent driving record reflects a total of six (6) points or more for a period of 36 months (3 years) preceding the date of your application, you will not be allowed to continue the process. Therefore, if you know that your driving record is less than six points, you may apply. However, any new violations that occur before the completion of the probationary process, which put your total score over six points will disqualify you. Annual evaluation of a member's driving record may be made during a member's employment or volunteer service. Any current member found in violation of this evaluation will result in the suspension of the driving privileges and/or termination of membership with Orcas Island Fire & Rescue.

Violations	Points
Revocation of Driver's License	8
Denial of Issuance of Driver's License	8
Negligent Homicide	8
Driving while Intoxicated (involving an accident)	8
Driving while Intoxicated (not involving an accident)	6
Reckless Driving (involving an accident)	8
Reckless Driving (not involving an accident)	6
Negligent Driving (involving an accident)	5
Negligent Driving (not involving an accident)	4
Hit and Run (attended, occupants in vehicle)	8
Hit and Run (unattended, no occupants in vehicle)	6
Driving while license is Suspended (DWLS)	4
<i>Speeding in Excess of the Posted Limit:</i>	
0-14 mph over	2
15-19 mph over	3
20-25 mph over	4
26 mph and over	5
<i>Convictions of forfeitures for other moving violations:</i>	
Each Violation Involving an Accident	4
Each Violation not Involving an Accident	2

I hereby certify, under the penalty of perjury in the state of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current and former employers and all schools or educational and technical institutions which I have attended to provide Fire Department representatives any information regarding my current and former employment, including performance, discipline and attendance, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts. I hereby waive any claims against San Juan County Fire District #2 (a.k.a. Orcas Island Fire & Rescue) for relying on any information from my prior employers. I am willing to submit to a pre-employment physical examination if required.

I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

PLEASE SUBMIT A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVER'S LICENSE UPON APPLICATION

I UNDERSTAND THAT MY APPLICATION WILL NOT BE CONSIDERED UNLESS IT IS SIGNED.

X

Date:



Orcas Island Fire & Rescue

Neighbors Serving Neighbors Since 1948

San Juan County Fire Protection #2 Staff Member Verification on Confidentiality and Dissemination of Patient Information

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. San Juan County Fire Protection #2 (SJCFPD#2) prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that SJCFPD#2 provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of SJCFPD#2 patients. I understand that it is necessary, in the rendering of SJCFPD#2 services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by SJCFPD#2 during my entire employment or association with SJCFPD#2. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Human Resource Dept. of SJCFPD#2 immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with SJCFPD#2. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. This is not a contract for continued employment.

I have read and understand all privacy policies and procedures that have been provided to me by SJCFPD#2. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment or of any membership or association with SJCFPD#2. This is not a contract of employment and does not alter the nature of the existing relationship between SJCFPD#2 and me.

Signature: _____ Date: _____

Printed Name: _____



Orcas Island Fire & Rescue

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Statement of Understanding for Volunteer Services

It is my intent to give services as a volunteer to Orcas Island Fire & Rescue (OIFR). I understand that I will not receive compensation for my services, but may receive stipend and reimbursement as determined by the Board of Fire Commissioners.

I offer my services freely and without pressure or coercion, direct or implied from any member of Orcas Island Fire & Rescue. In addition, I understand that my service as a volunteer is subject to termination from the program without notice by myself and the District. I understand that I am not an employee, and that as a volunteer, I am not subject to employment laws.

I understand that I am responsible for attending the required number of annual drills and training for all disciplines I am certified to perform, and that I am responsible for responding to a minimum number of incidents a year in order to maintain good standing with OIFR. I may receive a stipend for each drill, training, and incident that I attend.

Furthermore, I understand that I may be required to perform duty shifts; for which I will receive "per diem" for the meals missed by being on duty, according to current OIFR policies and procedures.

Signature: _____

Date: _____

MISSION STATEMENT

Orcas Island Fire and Rescue's mission is to protect life, property, and the environment through Emergency Medical Services, Fire/Rescue Services, and Public Education in a cost-effective manner.

Orcas Island Fire Rescue

2014

Member Health History Questionnaire (Please Print Clearly)

Last Name:	First Name:	Middle In.:	Date of Birth:	Age:	Race:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Last 4 of SSN#:	Sex:	Height:	Weight:	Marital Status	# of Children
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Phone # (s) where you can be reached:

*Please check any of the following that apply to you whether present or past
write any comments, questions or explanations on the back of the forms.*

<input type="checkbox"/>	Head	Skull abnormalities: <input type="checkbox"/>	Facial abnormalities: <input type="checkbox"/>	
<input type="checkbox"/>	Neck	Pain: <input type="checkbox"/>	Stiffness: <input type="checkbox"/>	Swelling: <input type="checkbox"/>
			Lesions: <input type="checkbox"/>	Cysts: <input type="checkbox"/>
				Other: <input type="checkbox"/>
<input type="checkbox"/>	Eyes	Glasses: <input type="checkbox"/>	Blurring: <input type="checkbox"/>	Surgery: <input type="checkbox"/>
		Hard Contacts: <input type="checkbox"/>	Soft Contacts: <input type="checkbox"/>	Color Blindness: <input type="checkbox"/>
				Vision loss: <input type="checkbox"/>
				Eye pain: <input type="checkbox"/>
				Other: <input type="checkbox"/>
				Problems with peripheral vision: <input type="checkbox"/>
<input type="checkbox"/>	Ears/Hearing	Draining Ear: <input type="checkbox"/>	Use Hearing Aid: <input type="checkbox"/>	Measles: <input type="checkbox"/>
		Dizziness/Imbalances: <input type="checkbox"/>	Unequal hearing loss: <input type="checkbox"/>	Meningitis: <input type="checkbox"/>
		Severe Ringing: <input type="checkbox"/>	Equal Hearing Loss: <input type="checkbox"/>	Diabetes: <input type="checkbox"/>
		Sudden Hearing Loss: <input type="checkbox"/>	Pain behind ear: <input type="checkbox"/>	Allergies: <input type="checkbox"/>
		Fluctuating Loss: <input type="checkbox"/>	Mumps: <input type="checkbox"/>	Family Hearing Loss: <input type="checkbox"/>
		Fullness/Discomfort: <input type="checkbox"/>	Scarlet Fever: <input type="checkbox"/>	Military Service: <input type="checkbox"/>
				Noisy Hobbies: <input type="checkbox"/>
				Loud Music: <input type="checkbox"/>
				Fire Arms Use: <input type="checkbox"/>
<input type="checkbox"/>	Oral/Dental	Mouth/Jaw Pain: <input type="checkbox"/>	Dentures: <input type="checkbox"/>	Appliances: <input type="checkbox"/>
				Mouth Lesions: <input type="checkbox"/>
<input type="checkbox"/>	Nose & Throat	Nose Bleeds: <input type="checkbox"/>	Nasal Congestion: <input type="checkbox"/>	Hay Fever/Allergies: <input type="checkbox"/>
		Speech Problems: <input type="checkbox"/>	Swallowing Problems: <input type="checkbox"/>	Loss of Smell: <input type="checkbox"/>
				Sinus Problems: <input type="checkbox"/>
<input type="checkbox"/>	Heart	Chest Pain: <input type="checkbox"/>	Chest pain w/exertion: <input type="checkbox"/>	Irregular Heartbeat: <input type="checkbox"/>
		Resting chest pain: <input type="checkbox"/>	Heart valve problems: <input type="checkbox"/>	Fainting spells: <input type="checkbox"/>
				Other Heart Problems: <input type="checkbox"/>
				Surgeries: <input type="checkbox"/>
<input type="checkbox"/>	Vascular	Cold Extremities: <input type="checkbox"/>	Dizziness/Lightheaded: <input type="checkbox"/>	Swelling: <input type="checkbox"/>
		Discoloration in extremities: <input type="checkbox"/>	Varicose veins: <input type="checkbox"/>	High Blood Pressure: <input type="checkbox"/>
				Leg Discomfort: <input type="checkbox"/>
				Calf tightness w/exertion: <input type="checkbox"/>
<input type="checkbox"/>	Abdominal	Belly Pain: <input type="checkbox"/>	Heartburn: <input type="checkbox"/>	Constipation: <input type="checkbox"/>
		Indigestion: <input type="checkbox"/>	Blood in Stool: <input type="checkbox"/>	Vomiting: <input type="checkbox"/>
		Nausea: <input type="checkbox"/>	Diarrhea: <input type="checkbox"/>	Hernia: <input type="checkbox"/>
				Liver Problems: <input type="checkbox"/>
				Gall Bladder Problems: <input type="checkbox"/>
				Change in bowel habits: <input type="checkbox"/>
<input type="checkbox"/>	Reproductive	Pregnancy: <input type="checkbox"/>	P.M.S.: <input type="checkbox"/>	Pain/Cramps: <input type="checkbox"/>
		Sexually Transmitted disease: <input type="checkbox"/>	Testicular Pain/Swelling: <input type="checkbox"/>	
<input type="checkbox"/>	Urinary	Kidney Problems: <input type="checkbox"/>	Frequent urination: <input type="checkbox"/>	Incontinence: <input type="checkbox"/>
		Painful Urination: <input type="checkbox"/>	Blood in urine: <input type="checkbox"/>	Difficulty w/urination: <input type="checkbox"/>
		More than 3 urinary Infection: <input type="checkbox"/>		Any other bladder problems: <input type="checkbox"/>
				Freq. night urination: <input type="checkbox"/>

Orcas Island Fire Rescue

2014

Member Health History Questionnaire (Please Print Clearly)

Spine/Back Back pain: Stiffness: Curvature: Difficulty squatting:
Any pain or stiffness when leaning forward or backward at waist: Difficulty carrying 25 lbs or more up stairs or ladder:

Extremities Limb Pain: Locking Joints: Bone/Joint hardware: Location: _____
Joint Pain or Stiffness: Unstable Joint: Surgeries: Location: _____

Neurological Dizziness: Tremors: Weakness: Location: _____
Balance problems: Major Head Injury: Numbness: Location: _____
Seizures: Last episode: _____
Migraine headaches: Last episode: _____
Tension headaches: Last episode: _____

Gland Diabetes: Adrenal disease: Thyroid disease:
Meds: Oral Medication
 Insulin Dependent

Skin Rashes: Sores: Abnormal growths: Ingrown hairs:
Cancer: Itching: Non healing wounds:
Psoriasis: Eczema:

Blood Bleeding problems: Easy bruising: Swollen glands:

Psychological Anxiety: Panic: Depression: Mood swings:
Claustrophobia: Hallucinations: Manic episodes: Other:

Tobacco Currently Smoke: Cigarettes: If so, how many per day? _____ How Many Years? _____
Cigars: If so, how many per day? _____ How Many Years? _____
Used to Smoke: Pipe: If so, how many per day? _____ How Many Years? _____
Chewing Tobacco: If so, how many per day? _____ How Many Years? _____
Quit Smoking: How long ago? _____
Never Smoked:

Lungs

Dry cough: <input type="checkbox"/>	Asthma: <input type="checkbox"/>	Silicosis: <input type="checkbox"/>	Inhaled medication past or present: <input type="checkbox"/>
Phlegm producing cough: <input type="checkbox"/>	Emphysema: <input type="checkbox"/>	Asbestosis: <input type="checkbox"/>	: <input type="checkbox"/>
Chronic Cough: <input type="checkbox"/>	Freq. lung infections: <input type="checkbox"/>	Cystic Fibrosis: <input type="checkbox"/>	Pneumonia: <input type="checkbox"/>
Cough up Blood: <input type="checkbox"/>	Collapsed Lung: <input type="checkbox"/>	Chronic bronchitis: <input type="checkbox"/>	Chest injuries or surgeries: <input type="checkbox"/>
Shortness of Breath: <input type="checkbox"/>	Tuberculosis: <input type="checkbox"/>	Coughing when lying down: <input type="checkbox"/>	Pain with deep breathing: <input type="checkbox"/>
Wheezing: <input type="checkbox"/>	Any other symptoms that might relate to lung problems: <input type="checkbox"/>		

Have you experienced shortness of breath with:

Walking on level surface: Dressing or washing: Lying flat: Interferes w/job:
Walking up incline: Bending over: Interferes w/sleep: Do you sleep with more than 2 pillows

Alcohol How many drinks do you have per week ? _____

When was the last time you had 3 or more drinks in one day ? _____

When was the last alcoholic drink ? _____

Orcas Island Fire Rescue

2014

Member Health History Questionnaire

(Please Print Clearly)

General

Fevers:	<input type="checkbox"/>	Chills:	<input type="checkbox"/>	Insomnia:	<input type="checkbox"/>	Night sweats:	<input type="checkbox"/>
Weight changes:	<input type="checkbox"/>	Fatigue:	<input type="checkbox"/>	Poor appetite:	<input type="checkbox"/>	Sleep Apnea:	<input type="checkbox"/>

Past Medical History

Head injury:	<input type="checkbox"/>	Dislocations:	<input type="checkbox"/>	Joint Injuries:	<input type="checkbox"/>	Fractures:	<input type="checkbox"/>	Surgeries:	<input type="checkbox"/>
Spinal injury:	<input type="checkbox"/>	Lupus:	<input type="checkbox"/>	Arthritis:	<input type="checkbox"/>				
Heart attack:	<input type="checkbox"/>	Pericarditis:	<input type="checkbox"/>	Aneurysms:	<input type="checkbox"/>	Abnormal heart rhythm:	<input type="checkbox"/>	Tuberculosis:	<input type="checkbox"/>
Heart failure:	<input type="checkbox"/>	Pacemaker:	<input type="checkbox"/>	Phlebitis:	<input type="checkbox"/>	Bleeding disorder:	<input type="checkbox"/>	Loss of consciousness:	<input type="checkbox"/>
Heart valve disease:	<input type="checkbox"/>	Hypertension:	<input type="checkbox"/>	Anemia:	<input type="checkbox"/>	Blood clots:	<input type="checkbox"/>	Kidney disease:	<input type="checkbox"/>
Urinary tract infection:	<input type="checkbox"/>	High cholesterol:	<input type="checkbox"/>					Congenital Heart problems:	<input type="checkbox"/>
Cancer:	<input type="checkbox"/>	Type: _____						Cardiomyopathy:	<input type="checkbox"/>
		Treatment: _____						Stroke:	<input type="checkbox"/>

Operations

List any operations you have had

Depression:	<input type="checkbox"/>	Manic episodes:	<input type="checkbox"/>	Panic Attacks:	<input type="checkbox"/>	Anxiety:	<input type="checkbox"/>
Ulcers:	<input type="checkbox"/>	Colitis:	<input type="checkbox"/>	Hepatitis:	<input type="checkbox"/>	What type?: _____	
Thyroid disease:	<input type="checkbox"/>					Sexually transmitted disease:	<input type="checkbox"/>

Family History *Biological parents, siblings, children.*

Heart attack:	<input type="checkbox"/>	Any psychiatric illness:	<input type="checkbox"/>	High Blood Pressure:	<input type="checkbox"/>	Diabetes:	<input type="checkbox"/>
Sudden death:	<input type="checkbox"/>	Substance abuse:	<input type="checkbox"/>	Depression:	<input type="checkbox"/>	High cholesterol:	<input type="checkbox"/>
Cancer:	<input type="checkbox"/>	Stroke:	<input type="checkbox"/>	Kidney disease:	<input type="checkbox"/>	Bowel disease:	<input type="checkbox"/>
		Alcoholism:	<input type="checkbox"/>				

List who & ages of onset:

Orcas Island Fire Rescue

2014

Member Health History Questionnaire

(Please Print Clearly)

Medications & Supplements Vitamins (Prescription & Over the Counter)

Please list any medications and or supplements you are currently taking

Medication and Food Allergies

Immunizations

Tetanus:	<input type="checkbox"/>	DTap:	<input type="checkbox"/>	Hepatitis B:	1	<input type="checkbox"/>	Varicella/Chicken Pox:	<input type="checkbox"/>
TB:	<input type="checkbox"/>				2	<input type="checkbox"/>		
Polio:	<input type="checkbox"/>				3	<input type="checkbox"/>		
Measles/mumps/rubella:	<input type="checkbox"/>			Flu Shot:	<input type="checkbox"/>			
Hepatitis A:	<input type="checkbox"/>							

Respirator Usage

Have you ever used respirators before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you, or have you ever had any kind of problem using a respirator?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever worked on a HAZMAT team?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been in the military?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were you ever exposed to biological or chemical agents?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please Check all the types of respirators you will be expected to use on your job:

Half Face:
(HEPA)

Full Face:
(SCBA)

Expected usage: Fire: Medical:

List other jobs you currently work:

List previous occupations:

List current or previous hobbies:

Orcas Island Fire Rescue

2014

Member Health History Questionnaire

(Please Print Clearly)

Treatments

Please list any medical or health treatments, past or currently.

Clinical tests & results

Please check any of the following that your Primary Doctor has in your records

Lab work: Last 2 years

X-rays:

Female:

Mammograms:

EKG: Last 5 years

Immunization records:

PAP smear:

How would you describe your own personal fitness?

Excellent:

Good:

Fair:

Needs Improvement

Poor:

What are your personal goals regarding your fitness?

Activity: _____

Weight: _____

Equipment Available to you: _____

Any specific concern areas: _____

Any injuries or surgeries that limit exercise: _____

Any dietary limitations or preferences: _____

I have answered these questions truthfully and to the best of my knowledge. This information is to be considered confidential and may not be shared without my written permission.

Employee Signature

Date

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	
Company/Agent company address	
Authorized representative name	Title
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.</i></p> <p style="text-align: center;">X</p>	
Date and place (city or county) signed	Authorized representative signature

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p> <p style="text-align: center;">X</p>		
Signature	Date	

Background Check Authorization Forms

San Juan Fire Protection District #2, also known as Orcas Island Fire & Rescue (OIFR), performs criminal and driving background check on all applicants. Your rights and protections regarding these checks are covered under the Fair Credit Reporting Act (FCRA). OIFR will not use this authorization to perform a consumer credit check.

The attached forms authorize us to perform these checks. Additionally, OIFR regularly reviews the driving records of all members. Should you become a member, this form will be used for this purpose as well.

Please read and sign the DISCLOSURE REGARDING BACKGROUND INVESTIGATION form, read and complete the ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK and ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK forms. Please print clearly. Sign and date the forms as indicated.

You must provide a valid email address. In the event that any adverse information is reported to OIFR, a copy of the report will automatically be emailed to you. Should OIFR deny you membership based upon any information contained in these reports, we will email you a copy of all information we received.

You should retain the attached A Summary of Your Rights Under the Fair Credit Reporting Act and STATE OF WASHINGTON CONSUMER CREDIT REPORTING ACT SUMMARY OF CONSUMER RIGHTS documents as they explain your rights under the FCRA and provide you information on whom to contact if you believe that any of the information we received is incorrect. If you wish a copy of the completed and signed forms, they will be provided to you.

Washington MVR Release Form – Driving Record Release of Interest

To be completed only if you have a WA State issued Driver License. The Driving Record Release of Interest form allows OIFR to request your driving record from Washington State. Please complete all boxes outlined in yellow. Print your name, date of birth, and your WA driver license number where indicated. Sign and date where indicated.

DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT"
BACKGROUND INVESTIGATION

San Juan Fire Protection District #2 (the "Company") may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

The investigation will be conducted by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>.**

Signature: _____ Date: _____

[End of Document]
p. 1 of 1

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **San Juan Fire Protection District #2** (the "Company ") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ Date of Birth*: _____

Driver's License # _____ State of Driver's License*: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____

E-mail: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Signature: _____ Date: _____

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least two years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

PRINT or TYPE Company name Orcas Island Fire & Rescue	
Agent company name (if applicable) BSA	
Company/Agent company address 45 Lavender Ln, Eastsound, WA 98245	
Authorized representative name Mac McCorison	Title Volunteer Coordinator
<p>Answer the following</p> <p>1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Certification</p> <p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>	
 Date and place signed	<p>X</p> <p>Authorized representative signature</p>

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer	Date of birth (mm/dd/yyyy)	WA driver license number
<p>Authorization from</p> <p><input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment</p> <p><input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed</p> <p><input checked="" type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization</p>		
Employer, prospective employer, or volunteer organization name Orcas Island Fire & Rescue		
Employer agent company name if acting on behalf of the company for employment purposes BSA		
<p>Authorization</p> <p><i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i></p>		
<p>X</p> <p>Signature</p>		<p>Date</p>

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

Applicant Copy

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

Applicant Copy

**STATE OF WASHINGTON
CONSUMER CREDIT REPORTING ACT
SUMMARY OF CONSUMER RIGHTS**

The State of Washington Fair Credit Reporting Act (WFCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records).

Here is a summary of your major rights under the WFCRA. The WFCRA is modeled after the Federal Fair Credit Reporting Act. The same rights are provided under the Federal Fair Credit Reporting Act and you have received A Summary of Your Rights Under the Federal Fair Credit Reporting Act. You can get the complete text of WFCRA RCW 19.182, from the Washington Code Revisers Office, P.O. Box 40551, Olympia, WA, 98504, or online at <http://apps.leg.wa.gov/rcw/default.aspx?cite=19.182&full=true#19.182.070>.

- **You must be told if information in your file has been used against you.** If a person takes an adverse action against you that is based, in whole or in part, on information contained in a consumer report, that person must tell you, and must give you the name, address, and telephone number of the consumer reporting agency that provided the information.
- **You have a right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency, although medical information may be withheld and given directly to your medical provider. You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You will not be charged for:
 - ⓐ a consumer report if a person has taken adverse action against you because of information in your credit report;
 - ⓑ the reinvestigation of information you dispute; or
 - ⓒ corrected reports resulting from the deletion of inaccurate or unverifiable information.

In addition, you are entitled to one free consumer report every 12 months, upon request. You may be charged a limited fee for a second or subsequent report requested by you during a 12 month period.

- **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and you notify the consumer reporting agency directly of the dispute, the consumer reporting agency will reinvestigate without charge and record the current status of the disputed information before the end of thirty business days, unless your dispute is frivolous.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Upon completion of the reinvestigation, if the information you disputed is found to be inaccurate or cannot be verified, the consumer reporting agency will delete the information and notify you of the correction. If the reinvestigation does not resolve your dispute, you may file with the consumer reporting agency a brief statement setting forth the nature of your dispute. The statement will be placed in your consumer file and in any subsequent report containing the information you disputed.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need — usually to consider an application with a creditor, insurer, employer, landlord, or other business. The WFCRA specifies those with a valid need for access.
- **You must be notified if reports are provided to employers.** A consumer reporting agency may not give out information about you to employers without your knowledge. A potential employer must make a clear and

conspicuous disclosure in writing to you or obtain your consent before obtaining a report. A current employer may not receive a report unless it has given you written notice that consumer reports may be used for employment purposes.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** You may elect not to receive unsolicited “prescreened” offers for credit and insurance by using the consumer reporting agency’s notification system to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

You may place a security freeze on your credit report. A security freeze prevents your credit file from being shared with potential creditors or insurance companies. You may request a security freeze by contacting us at A security freeze can be requested in writing by first-class mail, by telephone, or electronically. You also may request a freeze by calling the following toll-free telephone number(s): TransUnion: 888-909-8872, Experian: 888-397-3742, Equifax: 800-685-1111 (NY residents please call 1-800-349-9960). TransUnion, Experian and Equifax can also be reached at the following addresses:

TransUnion LLC
P.O. Box 2000
Chester, PA 19016
<https://freeze.transunion.com>

Experian Security Freeze
P.O. Box 9554
Allen, TX 75013
www.experian.com/freeze

Equifax Security Freeze
P.O. Box 105788
Atlanta, GA 30348
<https://www.freeze.equifax.com>

- **You may be able to block information resulting from identity theft from appearing on your credit report.** If you are a victim of identity theft, a consumer reporting agency must permanently block misinformation resulting from that theft from appearing on your credit report. You must provide the consumer reporting agency with a copy of a police report as evidence of your claim before it can place the block on your report.
- **You may seek damages from violators.** If a consumer reporting agency, or in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the WFCRA, you may be able to sue in state or federal court.

COMPLAINTS

Any complaints by consumers under state law may be directed to:
Office of the Attorney General
Consumer Protection Division
800 5th Avenue, Suite 2000
Seattle, Washington 98104-3188
Phone 1-800-551-4636 or (206) 464-6684
Fax (206) 389-2801

Statewide Toll-Free TDD: **800 276-9883**

Complaints May Be Made Via U.S. Mail or E-Mail

Complaints: <http://www.atg.wa.gov/FileAComplaint.aspx>

(Include your U.S. Mail address with any complaint.)

Website & Forms: <http://www.atg.wa.gov/>