

Security Fire Department

400 Security Blvd

Security Co, 80911

(719) 392-3271



Volunteer Firefighter

Application

Personal Information:

NAME: _____

Last

First

Middle

Home Address: _____ Phone Number: (____) _____

Email _____ Date of Birth: ____/____/____

SSN: ____-____-____

Employment Status:

Current Employer: _____

Employer Address: _____ Phone Number: (____) _____

Emergency Contact:

Name: _____ Phone Number: (____) _____

Address: _____

General Information:

How do you rate your overall health? _____

Do you have any mental or physical condition which may impair your ability as a firefighter? If yes, please explain below: _____

Have you ever had your driving privileges revoked or suspended? If yes, please explain below:

Have you ever been convicted of a criminal offense? If yes, please explain below:

Responding Vehicle Information:

Information regarding the vehicle you will use primarily to respond on alarms and fire department training or functions:

Make: _____ **Model:** _____ **Year:** _____

Vehicle Insurance Information:

Vehicle insurance coverage is mandatory in the State of Colorado. Also it is fire department policy that vehicle insurance is maintained on your vehicle while serving as a volunteer.

**** You must present a letter to the Deputy Chief from your insurance company stating that you are covered while using emergency lights and siren on your vehicle.**

Insurance Company Name: _____ Phone Number: (____) _____

Address: _____ Agents Name: _____

Policy Number: _____ Expiration Date: ____/____/____

Drivers License Number: _____ State: _____

License Expiration: _____

Past and Present Experience:

List any past or present membership or service as it relates to the fire service or employment that you may have special skills: If you require more space, please attach additional sheets:

Please do not write below this line - Fire Department use only

Received By: _____ Date: _____

Interview date: _____

Driving Record Requested by: _____ Date: _____

Background Check Requested by: _____ Date: _____

Applicant notified for interview by: _____ Date: _____

Applicant Interviewed by: _____, _____

_____, _____

Interview Comments:

Recommendation of Interviewers:

Actions Requested by Chief:

In submitting this application for the membership to the Security Fire Department Volunteers, I authorize investigation of all statements contained therein. I authorize that the department may make such inquiries of me, my references, my employer(s) past and present and any third party it deems appropriate to verify and evaluate my qualifications. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any educational institution, which I have stated I attend to furnish the department with any information they may have concerning me. I hereby release all such persons, organizations and institutions from any claims for damage or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentation by me in this application, will be sufficient cause for cancellation of the application and separation from the department as a member at any time.

I authorize the department the right to perform a criminal background check and driving records check. This will also depend on the insurance companies requirements. Not signing this application will automatically disqualify me from becoming a member of the department.

I understand that this application is the property of the department and will become part of my personnel file. I agree that this application does not create a contractual obligation on the part of the department to admit me as a member.

POLICY STATEMENT: The department is an equal opportunity organization and shall not discriminate against any member or applicant for membership because of age, sex, marital status, national origin, religion, race or physical or mental handicap unrelated to the performance of the job or any other prohibited reason. The membership committee will select successful applicants after a full review of this application and additional information developed during the background checks. Applicants may be disqualified for criminal conduct and other conduct deemed by the department as detrimental to the department.

Note: A photocopy reproduction of this signed request shall be for all intents and purposes as valid as the original.

Failure to complete and sign this application will disqualify the applicant from becoming a member of the department.

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____, year _____
Witness my hand and official seal. My commission expires:

Notary Public