



# Foothills Fire Protection District

(In Case of Emergency Dial 911)

## Receipt of Application for Membership

(Have Applicant Fill Out Top Of Form And Put In The Administrator's Box Before Taking Application)

Date: \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Recipient's Signature: \_\_\_\_\_

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### To Be Completed By Foothills Fire Rescue Personnel

Presenter's Name and Title: \_\_\_\_\_

Chief Officer assigned to the potential member: \_\_\_\_\_  
(Chief Officer Name and Date Contact Made)

If application not received back:

One Month Phone Contact Made By Chief: \_\_\_\_\_  
(Chief Officer and Date Contact Made)

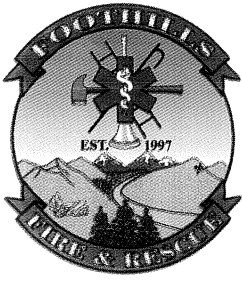
Two Month Phone Contact Made By Chief: \_\_\_\_\_  
(Chief Officer and Date Contact Made)

Application received back. Application Review Process Begun

\_\_\_\_\_  
(Chief Officer Name and Date Review Process Begun)

Applicant No Longer interested in Membership

\_\_\_\_\_  
(Chief Officer Name and Date Application Closed)



# Foothills Fire Protection District

*(In Case of Emergency Dial 911)*

## Foothills Fire & Rescue

### *Member Application*

Foothills Fire & Rescue has been in existence since January 1, 1997. It was formed by the combination of the Lookout Mountain, Idledale and Mount Vernon Fire Departments. The current department operates out of five stations: Lookout Mountain, Rainbow Hills, Mount Vernon, Grapevine and Idledale. We provide Fire Suppression, Vehicle Rescue, Technical Rescue, and Emergency Medical Services (in conjunction with Highland Rescue Team Ambulance Service) to residential, commercial, wildland and highway exposures to a roughly 25 square mile area in central-western Jefferson County. Additionally we provide assistance to neighboring fire departments such as Pleasant View, Genesee, Golden, and Evergreen. On average, we have approximately 50 volunteer firefighters in our membership.

#### **Benefits to Our Volunteers**

As a volunteer member of the Foothills Fire & Rescue department you will have the honor of serving your community in emergency situations. Additionally, all members have the opportunity to meet and work with other highly trained, motivated and enthusiastic volunteers and interact with numerous local, state, and national fire and rescue organization is

Other opportunities to our members are:

- Participation in department and community functions held annually.
- Fire and rescue related training opportunities are provided at no cost to the members.
- Pension benefits upon reaching age 50 and after completing 10 years of active service
- Worker's compensation coverage while training and performing fire fighting duties
- Medical, disability and life insurance coverage if injuries or death occur while training or performing fire fighting duties

#### **Criteria for Membership**

Application for membership requires

- That you be at least 21 years of age
- In good health and good physical condition
- Have no felony convictions
- Have a valid Driver's License and automobile insurance

If you are accepted as a volunteer member of the department you are a probationary member until you meet the following requirements:

- Successful completion of a 72 hour, state certified, Firefighter I academy
- Successful completion of an 8 hour cardiopulmonary resuscitation course (CPR)
- Successful completion of an 1<sup>st</sup> Responder or Emergency Medical Technician medical certification course
- Approval for active membership by the Foothills Fire & Rescue Chiefs after a thorough background check

Once you have attained active membership status, you must maintain it by:

- Participating in a minimum of 36 hours of training annually
- Complete all assigned shifts as a firefighter
- Carrying a department provided pager in order to receive emergency alarms
- Respond to emergency call as required by the Department (minimum of 50 calls annually)
- Keep certifications and CPR up-to-date by attending required training

#### **Equipment**

Upon acceptance as a volunteer member you will be provided a pager and personal protective equipment (PPE), for responding to calls. Pagers and PPE are the property of the department and must be returned should you no longer be an active member of Foothills Fire & Rescue. Standard PPE includes a structural helmet, bunker pants, coat and boots, a nomex hood and gloves. Additional PPE may be provided as necessary.

#### **Application Process**

Once you submit your application it will be reviewed by the Foothills Fire & Rescue Chief for approval. Additionally, a background investigation and a physical exam will be required. When you sign and submit this application, you are authorizing Foothills Fire & Rescue to obtain a consumer report about your criminal, driving, credit, education and employment history in order to properly evaluate your application for volunteer membership.

A response to your application for membership will be made to you verbally prior to the beginning of the next Firefighter Academy.

PERSONAL DATA			
Last Name	First Name	Middle Initial	Social Security #
Alias or Previous Name (if any)			
Home Phone Number	Work Phone Number	Cell Phone Number	Pager Number
e-mail address		Drivers License Number	
Spouse's Name		Children's Names	
EMERGENCY CONTACT INFORMATION			
Name		Phone Number(s)	Relation
RESIDENTIAL HISTORY (List all previous residential addresses for the past 10 years Attach additional sheets if needed))			
Current Address		<input type="radio"/> Own <input type="radio"/> Rent	Dates resided From _____ To _____
Previous Address		<input type="radio"/> Own <input type="radio"/> Rent	Dates resided From _____ To _____
Previous Address		<input type="radio"/> Own <input type="radio"/> Rent	Dates resided From _____ To _____
Previous Address		<input type="radio"/> Own <input type="radio"/> Rent	Dates resided From _____ To _____
EMPLOYMENT HISTORY- (List employment going back 10 years. Attach additional sheets if needed)			
Current Employer	Address	Phone #	Supervisor Name
Job Title	Responsibilities	Dates employed From _____ To _____	Normal work days/hours
Previous Employer	Address	Phone #	Supervisor Name
Job Title	Responsibilities	Dates employed From _____ To _____	Normal work days/hours
Previous Employer	Address	Phone #	Supervisor Name
Job Title	Responsibilities	Dates employed From _____ To _____	Normal work days/hours
MILITARY HISTORY - Are you now serving, or have you every served in the military? <input type="radio"/> Yes <input type="radio"/> No (If yes, please complete the following section)			
Branch of Service	<input type="radio"/> Active <input type="radio"/> Reserve <input type="radio"/> Discharged	If presently active or reserve provide the following: Date of Entry _____	If discharged: Date of discharge _____ Type of discharge _____
EDUCATIONAL HISTORY (Attach a photocopy of any proof of your educational attainment)			
Have you graduated from High School or completed a GED? <input type="radio"/> Yes <input type="radio"/> No	School Name, City, State		
Business/Technical/Trade School _____ Years	School Name, City State		Date Last Attended
College Level Completed _____ Years Degree Received? <input type="radio"/> Yes <input type="radio"/> No	School Name, City, State		Degree Type (circle) BA MA MBA PhD BS MS JD MD Major/Minor _____ -

**CRIMINAL HISTORY 1**

Have you ever been convicted of a felony?

 Yes  No

If Yes, please explain and provide details

**MOTOR VEHICLE HISTORY**

Attach the following to your application upon submission

1. Photocopy of your current, unexpired Colorado driver's license
2. Photocopy of your current Proof of Insurance
3. Copy of your current MVR (Motor Vehicle Report)

**PREVIOUS FIRE DEPARTMENT EXPERIENCES**Do you have firefighter experience?  Yes  No  
If yes, provide name, location, and Phone # of agency:

Dates of active membership:

From \_\_\_\_\_ To \_\_\_\_\_

 Paid Employee  Volunteer MemberAre you currently receiving a pension from any paid or volunteer department?  Yes  No If yes, explain:**Current certifications** (*attach photocopies of certifications you hold.*)

- |                                     |  |
|-------------------------------------|--|
| <input type="radio"/> Firefighter I | <input type="radio"/> Firefighter II     |
| <input type="radio"/> Fire Officer  | <input type="radio"/> First Responder    |
| <input type="radio"/> EMT – Basic   | <input type="radio"/> EMT – Intermediate |
| <input type="radio"/> Paramedic     |  |

**REFERENCES – List three character references, that we may contact, whom you have known for at least 12 months**

Name	Relation	Phone Number	Time known

**Additional Qualifications or Experiences** - Please provide any additional information regarding any special skills or experiences you may have that would be helpful to us in considering your application.**AUTHORIZATION AND CERTIFICATION**

I certify to the best of my knowledge and belief, that the answers given by me to all questions on this application and attachments are true, correct, complete and without any significant omissions, and I recognize that this information is subject to verification. I understand any omission or misrepresentation of fact in the application may result in refusal of acceptance of my application for membership and in termination of membership with the Foothills Fire & Rescue Department.

I also understand that I will be asked to submit to a physical exam as part of my application process for membership. I understand that the physical examination and testing for drugs will be done by an independent laboratory selected by Foothills Fire & Rescue and that the results of the physical exam will be given to representative of Foothills Fire & Rescue for the purpose of evaluating my eligibility for membership.

As an applicant for membership, I hereby authorize Foothills Fire & Rescue and its agents to contact any third parties (including current and previous employers, schools, credit bureaus, licensing authorities, motor vehicle departments, governmental agencies, and individuals familiar with my background) to obtain information which is deemed necessary or appropriate in connection with my application and qualifications for membership. This information may include, but is not limited to, references, academic background, performance, disciplinary, attendance, personal history, consumer credit, motor vehicle and criminal conviction records.

I hereby release Foothills Fire & Rescue, its employees and agents and any individual, entity or agency they may contact from any claims arising from making or responding to such requests for information.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# AUTHORIZATION TO RELEASE INFORMATION

Please be advised that I have applied for a position with the Foothills Fire Protection District. I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I authorize the investigation of my past and present health, character, education, military, criminal and financial history and qualifications. The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information. This authorization is valid for 1 year from the date of my signature below or for the duration of my employment with Foothills Fire Protection District, whichever is longer.

Please keep this photocopy of my release request for your files. Thanks for your cooperation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ - \_\_\_\_\_

# Application Review

## DEPARTMENT ADMINISTRATOR'S REVIEW

Date of Review	<input type="radio"/> Approved  <input type="radio"/> Denied	Comments
Printed Name	Signature	

Medical Exam: Scheduled \_\_\_/\_\_\_/\_\_\_

Results Received \_\_\_/\_\_\_/\_\_\_

Background: Initiated \_\_\_/\_\_\_/\_\_\_

Results Received \_\_\_/\_\_\_/\_\_\_