

Foothills Fire & Rescue

Member Application

Founded in January 1997, Foothills Fire & Rescue provides fire suppression, vehicle rescue, technical rescue, and non-transport emergency medical services. We serve residential, commercial, wildland, and highway exposures in 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 45 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 organizations.

Other opportunities for our members include:

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

Criteria for Membership

Application for membership requires that you:

- Be at least 18 years of age
- Be in good health and good physical condition
- Have no felony convictions
- Have a valid driver's license and automobile insurance
- Reside within the boundaries of the Foothills Fire Protection District

If you are accepted as a volunteer member of the department, you will be a trainee member until you meet the following requirements:

- Successful completion of:
 - A state certified Firefighter I academy
 - A four-hour cardiopulmonary resuscitation (CPR) course
 - An Emergency Medical Responder or Emergency Medical Technician certification course
 - A Hazardous Materials Operations certification course
 - Wildland S 130/180/190 courses
- Approval for active membership by the Foothills Fire & Rescue Chief after a thorough background check
- Participation in at least 25 calls
- Recommendation from one officer and two firefighters

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

- Participating in a minimum of 36 hours of training annually
- Participating in various department events
- Carrying a department-provided radio to receive emergency alarms
- Completing a minimum of 36 shift hours per month
- Keeping all certifications current by attending required training

Equipment

Upon acceptance as a volunteer member, the Department will provide you with a radio and personal protective equipment (PPE) for responding to calls. Radios 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 structural PPE includes a helmet, eye protection, bunker pants, coat, boots, a nomex hood and gloves. Wildland PPE includes a shirt, pants, helmet, boots, gloves and eye protection. Additional PPE may be provided as necessary.

Application Process

To apply for membership with FFR, submit the following:

- Completed application
- Photocopy of your driver's license
- Copy of your driving record
- Proof of auto insurance
- Completed "Authorization to release information" form
- Completed medical release form OR a note from your doctor stating you are fit to participate in firefighter training

Upon receiving and reviewing your application, we will contact you to set up an interview.

When you sign and submit this application, you are authorizing Foothills Fire & Rescue to obtain a background report about your criminal, 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.

Member Application

| 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 | | Driver's License Number | |
| Spouse's Name | | Children's Names | |
| EMERGENCY CONTACT INFORMATION | | | |
| Name | Phone Number(s) | Relationship | |
| RESIDENTIAL HISTORY (List all previous residential addresses for the past 10 years. Attach additional sheets if needed) | | | |
| Current Address | | Own Rent | Dates Resided From To |
| Previous Address | | Own Rent | Dates Resided From To |
| Previous Address | | Own Rent | Dates Resided From To |
| Previous Address | | Own 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 | Normal work days/hours |
| | | From To | |

MILITARY HISTORY - Are you now serving, or have you ever served in the military? Yes No (If yes, please complete the following section.)

| | | | |
|-------------------|------------|---|-------------------|
| Branch of Service | Active | If presently active/reserve: Date of Entry | If discharged: |
| | Reserve | | Date of discharge |
| | Discharged | | 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? Yes No | School Name, City, State | | | | | | | | | | | | |
| Business / Technical / Trade School Years | School Name, City, State Date Last Attended | | | | | | | | | | | | |
| College Level Completed: Years | School Name, City, State Degree Type | | | | | | | | | | | | |
| Degree Received? Yes No | <table border="0"> <tr> <td>BA</td> <td>MA</td> <td>MBA</td> <td>PhD</td> </tr> <tr> <td>BS</td> <td>MS</td> <td>JD</td> <td>MD</td> </tr> <tr> <td colspan="4">Major / Minor</td> </tr> </table> | BA | MA | MBA | PhD | BS | MS | JD | MD | Major / Minor | | | |
| BA | MA | MBA | PhD | | | | | | | | | | |
| BS | MS | JD | MD | | | | | | | | | | |
| Major / Minor | | | | | | | | | | | | | |

CRIMINAL HISTORY

| | |
|--|---|
| 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: . Copy of your current MVR (Motor Vehicle Report)
 Photocopy of your current, unexpired Colorado driver's license
 Photocopy of your current Proof of Insurance

PREVIOUS FIRE DEPARTMENT EXPERIENCE

| | | | | | | | | | | | |
|---|--------------------|---|---|---------------|----------------|--------------|-----------------|-------------|--------------------|-----------|--|
| Do you have firefighter experience: (If yes, provide name, location, and phone # of agency) Dates of active membership: From To | Yes No | Are you currently receiving a pension from any paid or volunteer department? Yes No | Current Certifications (attach photocopies of certifications) | | | | | | | | |
| Paid Employee Volunteer Member | | | <table border="0"> <tr> <td>Firefighter I</td> <td>Firefighter II</td> </tr> <tr> <td>Fire Officer</td> <td>First Responder</td> </tr> <tr> <td>EMT – Basic</td> <td>EMT - Intermediate</td> </tr> <tr> <td>Paramedic</td> <td></td> </tr> </table> | Firefighter I | Firefighter II | Fire Officer | First Responder | EMT – Basic | EMT - Intermediate | Paramedic | |
| Firefighter I | Firefighter II | | | | | | | | | | |
| Fire Officer | First Responder | | | | | | | | | | |
| EMT – Basic | EMT - Intermediate | | | | | | | | | | |
| Paramedic | | | | | | | | | | | |

| REFERENCES | | | |
|---|----------------------|---------------------|---------------------|
| Name | Relation | Phone Number | Time Known |
| Name | Relation | Phone Number | Time Known |
| Name | Relation | Phone Number | Time Known |
| Additional Qualifications or Experiences – Please provide any additional information regarding any special skills you may have that would be helpful to us in considering your application. | | | |
| | | | |
| AUTHORIZATION AND CERTIFICATION | | | |
| <p>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.</p> <p>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 representatives of Foothills Fire & Rescue for the purpose of evaluating my eligibility for membership.</p> <p>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.</p> <p>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.</p> | | | |
| Signature: | Printed Name: | Date: | |
| Date of Birth: | SSN: | - | Phone: () - |
| Address: | | | |
| City: | State: | Zip: | |



Foothills Fire Protection District

AUTHORIZATION TO RELEASE INFORMATION

Please be advised that I have applied for a volunteer position with the Foothills Fire Protection District. I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, 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 volunteer membership with Foothills Fire Protection District, whichever is longer.

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

Signature: _____

Social Security Number: _____ - _____ - _____

Address: _____

State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone: _____



Foothills Fire Protection District

APPLICATION REVIEW

| DEPARTMENT ADMINISTRATOR'S REVIEW | | |
|--|----------|--|
| Date of Review | Approved | Comments |
| | Denied | |
| Printed Name: | | Signature: |
| Medical Exam: Scheduled Results Received | | Background: Initiated Results Received |