

Elbert Fire Protection District

P.O. Box 98, 24310 Main Street, Elbert, Colorado 80106 (303)648-3000

Volunteer Application



Thank you for your interest in becoming a volunteer Firefighter and/or EMT with The Elbert Fire Protection District!

- Submit applications by fax to (303) 648-3650, email to elbertfire@hotmail.com or hand deliver to address above. Applications MUST be addressed to the "Membership Committee."
- Please fill out the enclosed documents in their entirety and submit all requested documents with application. Incomplete applications will result in the processing time to be delayed.
- The membership shall be the sole judge of the qualifications of applicants for membership status. After consideration of all materials provided by applicant, review of references and determination based on applicant's interview, the membership committee shall share all information with the membership. After review, the membership committee shall make the final determination on acceptance of an applicant based upon whether it is in the best interests of the Fire District. If the membership committee determines that an applicant is not suitable to fill the position applied for the applicant shall be denied further consideration.

Chain of Command

Elbert Fire Protection District Officers

Chief 231
Brandon Homer

Captain 231
Michael Harrower

Captain 232
Robert Fuchs

Lieutenant 231
Joseph Marchese

Requirements for Becoming a Probationary Volunteer

1. Applicant must be at least eighteen (18) years of age.
2. Applicant must be a citizen of the United States.
3. Applicant must submit a completed membership application, to include ALL requested information.
4. Applicant will undergo a Criminal Background.
5. The fire department membership committee must approve applicant.

Requirements for all Potential Members

Within/during the 6-month probationary period new recruits must;

1. Attend 100% of Meetings
2. Attend 100% of Trainings
3. Maintain 20% response to calls
4. Log 60 hours of Station Work
5. Complete Station Task Book
6. Have 24 hours nighttime shift hours logged per month. (minimum 8 hour shifts)

With the assistance of current members potential members must become familiar with

1. Station Standard Operating Guidelines (SOG)
2. Communication SOGs
3. Basic Scene Safety SOGs
4. Pre and Post Run Checks and Clean-up
5. Equipment and it's placement on the vehicles and in station
6. Pram use and location of medical supplies in station and on vehicles
7. Health Insurance Portability and Accountability Act (HIPAA)

New Recruits must show:

1. Professionalism in station, on scene, in training, or at any time while representing Elbert Fire Protection District.
2. The ability to take and follow orders.
3. Respect for officers, members, other departments and the general public while representing Elbert Fire Protection District.
4. The ability to follow the chain of command.
5. Willingness to do what is required of all members to maintain good standing with Elbert Fire Protection District's policies, procedures and guidelines.
6. Ability and desire to learn.
7. The ability to work safely and effectively.
8. Ability to refrain from inappropriate conversation while on scene or in training.
9. The ability to be of a benefit to the department and community.

Membership Requirements for all Members

To be classified as a member in good standing of the Elbert Fire Protection District, a member must meet or exceed the following requirements;

* Attend Cadet Academy for new members

1. FIRE Training (20 hours per quarter, 30 hours offered total)
2. Required Medical Training to include (6 hours offered quarterly, EMT's required to attend to get CE hours for certification requirements.)
 - AED Operation
 - First Responder or EMT Certification
 - CPR Certification
 - Blood Borne Pathogen training
3. Fire Training to include
 - Incident Command Fundamentals
 - FF 1 Training
4. Required Training
 - Vehicle Driver Training Fundamentals
5. Respond to a minimum 20% of emergency calls annually
6. Attend a minimum of 8 general membership meetings annually or have documented excused absence
7. Have 24 hours nighttime shift hours logged per month. (minimum 8 hour shifts)
8. Shots Required
 - Hepatitis B or sign waiver
 - Tetanus or sign waive
9. Clean firehouse twice annually and participate in annual firehouse cleaning

Members failing to meet 3 or more of the requirements per quarter will be given a probation period. While on probation the member must become and remain compliant during the next 4 quarters. Failure to do so will result in termination from the department.

Date: ___/___/___

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

U.S. Citizen: Yes _____ No _____

Other Names Which You Have Been Known: _____

Out of District District Resident How long have you lived in the Elbert Fire District? _____

A well-prepared application is important. Read the entire application before answering questions. Evaluation of you qualifications will be based, in large part, on the information you provide herein.

Fill in all blanks completely and accurately. Any false statement or evidence of fraud or deceit in any manner connected with this application will disqualify you.

Copies of the following documents must be submitted with this application:*

- High School Diploma or GED
- Military Discharge DD-214 (If Applicable)
- Birth Certificate
- Copy of driving record
- Drivers License (Enlarged Readable)
- Current Fire/EMS Related Certifications

**All documents shall be made part of your application and therefore cannot be returned to you, so it is important that you submit copies.*

Application Information

Have you previously submitted an application to the Elbert Fire Protection District? Yes _____ No _____

If yes, when?: _____

Previous Residence: (Past two addresses)

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

References

Nearest Relative's Name and Relationship

Name: _____ Relationship: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Give names and phone numbers of three local persons, other than relatives and work supervisor, who know you well enough to give information about you.

Name: _____ Phone: (____) _____ - _____

Name: _____ Phone: (____) _____ - _____

Name: _____ Phone: (____) _____ - _____

Education

High School: _____ Years Completed: _____

GED Acquired From: _____

College: _____ Years Completed: _____

Degrees Received: _____

Special Training/Trades: _____

List Fire and/or EMS Training Courses Completed:

CPR Certified: Yes _____ No _____ Expiration Date: _____

List names and dates of other fire departments and/or ambulance companies you have been employed with, member of or applied to.

Employment

Employer: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Work Phone: _____

Have you ever served in the Military? Yes ___ No ___ If yes which branch? _____

Dates of Service: From ___/___/___ To ___/___/___

Rank at Discharge: _____ Type of Discharge: _____

Limitations

Do you have any physical, mental, or sensory limitations which might affect your work performance or which should be considered during application review? Yes ___ No ___

If yes please explain: _____

List any reasons known to you why you might be unable to perform consistently and promptly any of the membership duties.

Background

Have you ever been convicted, pled guilty or "no contest" to a crime or are you now under charges for any crime against the law? (Include military service, omit minor traffic violations or offenses adjudicated in juvenile court) Yes ___ No ___

If so, describe the offense briefly and give date, location and disposition of the charge.

Background cont.

Driver License Number: _____ State: ____ Class: _____ Exp. Date: _____

If you do not have a driver's license, give reason and provide previous license number and state where issued.

List all traffic violations for the past 5 years. Include dates, charges and points.

Have you ever had your driver's license suspended or revoked? Yes ____ No ____

If so explain and include date and charges.

Authorization to Release Information

As an applicant for a volunteer position with the Elbert Fire Protection District, I am required to furnish information concerning my character, work habits, moral, physical, educational and mental qualifications, including any and all criminal history. In this regard, I authorize the Elbert Fire Protection District to make any and all appropriate inquiries, verifications and investigation of all statements contained in this application as may be necessary regarding the aforementioned qualifications. Moreover, I authorize those people or organizations selected by Elbert Fire Protection District to release any and all information of a confidential or privileged nature. I hereby release you, and your organization, and all concerned from any liability or damage which may result from furnishing the information requested in connection therewith.

I understand that omission, falsification, or misleading information in this application or other documents submitted in support of this application may result in rejection of this application, removal from an eligibility list, or release of duties as a volunteer firefighter/EMS from Elbert Fire Protection District whenever it is discovered. I certify that the information I have provided is true and complete to the best of my knowledge.

Agreement to Follow Guidelines

If accepted, I agree to abide by all the Elbert Fire Protection District department bylaws, Standard Operating Guidelines (SOGs), rules and regulations, their official revisions thereto and all lawful orders of the department to the best of my ability with the understanding that I may be dismissed at any time for violation of these regulations.

Signature

Date

Print Name

Subscribed and Sworn to before me this _____ day of _____,

My commission expires _____

Notary Public

Authorization to Acquire Background Check

I, _____, hereby give permission to Elbert Fire Protection District member _____ to acquire a background check.

Signature

Date

Print Name

D.O.B: _____

SS# _____

Subscribed and Sworn to before me this _____ day of _____, _____

My commission expires _____

Notary Public