

VOLUNTEER APPLICATION FOR MEMBERSHIP
LA JUNTA RURAL FIRE PROTECTION DISTRICT
PROTECTING THE COMMUNITIES OF
LA JUNTA –SWINK-CHERAW

1. NAME: _____
(Last) (First) (MI)

2. ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

3. HOME PHONE: _____ BUSINESS PHONE: _____

4. AGE: _____ DATE OF BIRTH: _____
(Month) (Day) (Year)

5. HEIGHT: _____ WEIGHT: _____ COLOR OF HAIR: _____

6. SOCIAL SECURITY NUMBER: _____ - _____ - _____ E-mail _____

7. SINGLE: _____ MARRIED: _____ DEPENDENTS: _____

8. NAME OF SPOUSE: _____
(Last) (First) (MI)

9. Drivers License Number: _____ State: _____

Is your driver's license under current suspension? Yes _____ No _____

List any Traffic Violations you have had in the last 5 years:

10. Resident of Rural District: _____ yrs. Resident of Colorado: _____ yrs

11. Family Doctor: _____
(Name) (Address)

Any physical defects? Yes _____ No _____

Will you submit to an exam by a physician? Yes _____ No _____

Date of last physical exam by a doctor: _____

12. Do you own an automobile? Yes _____ No _____

Owner of automobile: _____

13. Is there Liability Insurance on the above vehicle? Yes _____ No _____

14. List the Clubs or Organizations that you are now a member of:

15. Have you had any Firemanship or Medical Training? Yes _____ No _____

16. Firefighters Certification Number: _____ State _____

17. Emergency Medical Tech. Certification No.: _____

18. Have you ever been convicted of any Felony? Yes _____ No _____

19. CURRENT EMPLOYMENT:

Employer _____

Address _____

Phone _____ Type of Work _____

Supervisors Name _____

20. Do you object to our contacting your current employer? Yes _____ No _____

21. PREVIOUS EMPLOYMENT:

Employer _____

Address _____

Phone _____ Type of Work _____

Supervisors Name _____

Employer _____

Address _____ City _____

Phone _____ Type of Work _____

Supervisors Name _____

22. REFERENCES:

List names of 3 persons not related to you whom you have known over 1 year.

NAME

ADDRESS

PHONE

23. Why do you want to be a member of the Rural Fire District?

24. How many hours per month can you volunteer? _____ Please explain _____

I hereby certify that I have completed this form completely and accurately to the best of my knowledge. I hereby give the La Junta Rural Fire District and its authorized representatives permission to request and review any and all information, documents and reports necessary to verify and investigate the answers given by me in my application. I understand that any falsification made by me in connection with this application may disqualify me from further consideration or if discovered after appointment may be grounds for my discharge.

I hereby certify that I have read and understand the above statements and agree to their provisions.

Signature Date

25. TO EMPLOYER:

I will let the above applicant off the job during working hours to attend Fires and Emergencies, if possible.

Signature: _____ Date: _____

Position: _____

26. If under 21 years of age, Parents Signature Required:

Signature: _____ Date: _____