

# LAMAR/PROWERS COUNTY VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

## PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
[Last] [First] [Middle] [Month, Day, Year]

Present Address \_\_\_\_\_  
[Street and Number] [City and County] [State] [Zip]

Mailing Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
[P.O. Box] \_\_\_\_\_  
Telephone # \_\_\_\_ - \_\_\_\_\_

## REFERENCES

List three people other than relatives or past employers, who know you well enough to share information about yourself.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

## EDUCATIONAL INFORMATION

Highest grade that you completed in school [Circle One]  
1 2 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 17 18  
[Elementary thru High School] [Undergraduate] [Graduate]

Name of Schools Attended High

School _____	Year Graduated _____
College or University _____	Year Graduated _____
Trade or Technical _____	Year Graduated _____
Course of Study _____	Degree _____

## MECHANICAL SKILLS

Can you efficiently operate any of the following equipment?  
Tractor/Trailer \_\_ Heavy Construction Equipment \_\_ Farm Equipment \_\_  
Truck with Manual Transmission \_\_ Split Shift Transmission \_\_

LAMAR/PROWERS COUNTY VOLUNTEER FIRE  
DEPARTMENT  
300 EAST POPLAR  
LAMAR COLORADO  
719-336-6829

Dear Applicant,

We would like to thank you for showing an interest in becoming a member of the Lamar/Prowers County Volunteer Fire Department. This organization was established in approximately 1907. The association was incorporated on July 18,1991. Our department provides the personnel utilized by the Lamar Fire and Ambulance Services as well as the Prowers Rural Fire Department. In order to provide services to the citizens of Lamar and Prowers County, it is required that all volunteers make a commitment to be active with calls and training. In return for your commitment, the City of Lamar and Prowers County provide you with the necessary equipment and education to enhance your ability to provide firefighting, hazardous materials response, rescue and emergency medical services to the citizens.

You will have received a copy of the Lamar/Prowers County Volunteer Fire Department Constitution and By-laws along with your application. This material is provided to assist you in making a decision on your ability to commit yourself as a member of this department.

The following are the steps you need to take, in the listed order, if you decide that you have the time to participate. If you have any questions or need any help please feel free to contact a member of the Interview Committee. The Committee members' pager numbers are located on the thirty-day requirement form.

\_\_\_\_\_Your Record

1. \_\_\_ Read the By-laws
2. \_\_\_ Complete the Application / Questionnaire
3. \_\_\_ Complete the 30 day requirements 1-6
4. \_\_\_ Complete the 6 month probation period
5. \_\_\_ Complete the Competency Test/ Score \_\_\_\_\_
6. \_\_\_ Attend the next Fire Academy when it is offered
7. \_\_\_ Voted for full membership \_\_\_\_\_

(Date)

You may be dismissed at any time for any reason.

## LICENSES AND CERTIFICATES

Please affix copies of your certificates to this application

Firefighter I \_\_\_\_\_ Firefighter II. \_\_\_\_\_

[Expiration Date] [State] [Expiration Date] [State]  
C.P.R. \_\_\_\_\_ First Responder \_\_\_\_\_  
[Expiration Date] [State] [Expiration Date] [State]

E.M.T.-B \_\_\_\_\_ E.M.T.-I \_\_\_\_\_  
[Expiration Date] [State] [Expiration Date] [State]

Haz Mat Awareness \_\_\_\_\_ Haz Mat Ops. \_\_\_\_\_  
[Expiration Date] [State] [Expiration Date] [State]

Haz Mat Tech. \_\_\_\_\_ Haz Mat Specialist \_\_\_\_\_  
[Expiration Date] [State] [Expiration Date] [State]

Others not listed \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list your current employer

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

# Lamar/Prowers County Volunteer Application Requirements

Listed below is some requirements and general information questions that must be answered to become a future member of the Lamar/Prowers County Volunteer Fire Department [Requirement]

R1) Are you at least 18 years of age? YES\_\_NO\_\_

R2) Can you provide proof a valid Colorado Drivers License? YES\_\_NO\_\_

R3) Is the vehicle that you will be using to respond to calls safe and reliable?  
YES\_\_NO\_\_

Make\_\_\_\_\_Year\_\_\_\_\_Model\_\_\_\_\_

Insurance Agent\_\_\_\_\_Policy #\_\_\_\_\_Date of Exp.\_\_\_\_\_

R4) Will you allow the department's Safety Committee to conduct a safety  
Inspection on your vehicle? YES\_\_NO\_\_

R5) Is this vehicle registered in the State of Colorado? YES\_\_NO\_\_  
License Plate Number\_\_\_\_\_State\_\_\_\_\_

R6) Are you physically capable of lifting and carrying at least 50 pounds,  
without any complications? YES\_\_NO\_\_

R7) Are you able to step up 14" (inches) in height safely and effectively? YES\_\_NO\_\_

R8) Do you have a telephone? YES\_\_NO\_\_

R9) Are you a citizen of the United States of America? YES\_\_NO\_\_

R10) Will you provide service to the City of Lamar Fire and Ambulance Service and Prowers  
County Rural Fire Department? YES\_\_NO\_\_  
If no please explain\_\_\_\_\_

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11) Do you have any prior firefighting experience? YES\_\_NO\_\_

12) Do you have any prior emergency medical experience? YES\_\_NO\_\_

13) At what times are you available to answer calls?  
Weekends\_\_Days\_\_Evenings\_\_Holidays\_\_

14) Have you discussed your intentions as a volunteer with your employer.  
YES\_\_NO\_\_

15) Have you received and understand the information provided in your  
application packet? YES\_\_NO\_\_

16) Have you been a member of this department in the past?  
YES\_\_NO\_\_ If yes when?\_\_\_\_\_

Why did you leave? \_\_\_\_\_  
\_\_\_\_\_

17) Have you ever been a member of any other Emergency Medical Service, Fire Department or Hazardous Materials Response Unit? YES \_\_\_ NO \_\_\_ If yes please list those departments:

\_\_\_\_\_

I hereby certify that all statements on this application are true and complete to the best of my knowledge and that any misrepresentation or withholding of facts or information will be cause for the immediate rejection or dismissal of this application. All applications will be processed by the date and time that they are received.

\_\_\_\_\_  
[Signature of Applicant]

\_\_\_\_\_  
[Date]

[FOR USE BY INTERVIEW COMMITTEE ONLY]

Application received \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
[INTERVIEW COMMITTEE MEMBER]

Scheduled Interview Date \_\_\_\_\_ Time \_\_\_\_\_

REQFORM98