DEER MOUNTAIN FIRE PROTECTION DISTRICT

6181 CR 28 • Cotopaxi, CO 81223 • 719-942-9610

Volunteer Fire/EMS Onboarding Packet

1. Volunteer Fire/EMS Application

Applicant Information

Full Name: _____
Social Security Number: --_____
Date of Birth: _____
Address: _____
City/State/ZIP: _____
Phone: _____
Email: _____

Emergency Contact

Name: _____
Relationship: _____
Phone: _____

Driver's License

State: _____
License Number: _____
Expiration Date: _____

Background Information

Have you ever been convicted of a felony
☐ Yes ☐ No
If yes, explain:

Do you have any physical limitations that may affect firefighting or EMS duties
☐ Yes ☐ No
If yes, explain:

Allergies:

Medications:

Experience & Certifications

Check all that apply:
☐ Firefighter I
☐ Firefighter II
☐ EMT
☐ AEMT
☐ Paramedic
☐ Previous Volunteer Firefighter
☐ Wildland Fire Experience/Certs
☐ CPR Certified
☐ Other: _____

Employment Information

Current Employer: _____
Position: _____
Work Phone: _____

Availability

☐ Weekdays
☐ Nights
☐ Weekends
☐ On-Call
☐ As Needed

Applicant Statement

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that falsification may result in disqualification or dismissal.

Applicant Signature: _____
Date: _____

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2. HIPAA & Confidentiality Agreement

As a volunteer member of Deer Mountain Fire Protection District, I understand that I may have access to protected health information (PHI) while performing EMS or fire-related duties. I acknowledge and agree with the following:

- I will maintain the confidentiality of all patient information.
- I will only access PHI when necessary for treatment, operations, or authorized duties.
- I will not disclose PHI to unauthorized individuals.
- I understand that unauthorized disclosure of PHI may result in disciplinary action, termination, and potential civil or criminal penalties under federal and Colorado law.
- I agree to follow all HIPAA regulations and district privacy policies.

Printed Name: _____
Signature: _____
Date: _____

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3. Training Requirement Agreement (Colorado)

I understand and agree with the following conditions for volunteer membership with Deer Mountain Fire Protection District:

- I must obtain **NWCG S-130/190 Wildland Firefighter Training** within **90 days** of acceptance.
- I must obtain **CPR certification** within **90 days** of acceptance.
- Failure to complete these requirements may result in suspension or removal from volunteer status.
- The district may provide or coordinate training opportunities, but completion is ultimately my responsibility.
- I understand that Colorado volunteer fire/EMS personnel must meet district-established training standards to participate in emergency operations.

Applicant Name: _____
Applicant Signature: _____
Date: _____

Chief / Authorized Officer: _____
Signature: _____
Date: _____

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4. Final Acknowledgment & Signature Page

By signing below, I acknowledge that I have read, understand, and agree to all components of the Deer Mountain Fire Protection District Volunteer Fire/EMS Onboarding Packet, including:

- Volunteer Fire/EMS Application
- HIPAA & Confidentiality Agreement
- Personal Manual
- Training Requirement Agreement (S-130/190 and CPR within 90 days)
- Photocopy of State Issued ID/ License
- Photocopy of Certificates

I affirm that all information provided is accurate and that I agree to comply with district policies, procedures, and training requirements.

Applicant Printed Name: _____
Applicant Signature: _____
Date: _____

Reviewed By (District Representative): _____
Signature: _____
Date: _____
