



DEER MOUNTAIN FIRE PROTECTION DISTRICT EMS/VOLUNTEER APPLICATION

Personal Information

Thank you for your interest in Deer Mountain.

Date joined: _____

NAME

DATE OF BIRTH

ADDRESS

EMAIL

PHONE (home/cell)

EMERGENCY CONTACT NAME

PHONE (home/cell)

ADDRESS (if different than above)

SOCIAL SECURITY NUMBER

DRIVERS LICENSE STATE & NUMBER

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

FIRE/EMS TRAINING (departments, schooling, certificates etc.)

(TRAINING continued)

EMS EXPERIENCE

(EXPERIENCE continued)

STATUS OF PHYSICAL FITNESS:

Do you have any physical disability or medical condition that would limit your capacity or emergency medical services?

YES NO

Are you on disability or disabled? YES NO

If YES to either of these questions, please explain: _____

Would you submit to a medical/physical examination or drug test upon request by the chief or medical manager? [] YES [] NO

BENEFICIARY(S) (List name, relation, addresses, phone numbers and percentage of contact)

NAME/RELATIONSHIP	ADDRESS	PHONE	PERCENTAGE
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NAME/RELATIONSHIP	ADDRESS	PHONE	PERCENTAGE
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NAME/RELATIONSHIP	ADDRESS	PHONE	PERCENTAGE
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NAME/RELATIONSHIP	ADDRESS	PHONE	PERCENTAGE
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I understand that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and violation could result in termination. By signing this application, I:

- (1) agree to abide by the above statement and
- (2) agree to notify Chief and/or EMS manager in writing within five (5) calendar days if I am convicted for a violation of a criminal drug statute occurring in the workplace.

I, the undersigned, have read and fully accept the Deer Mountain Volunteer Fire Department Bylaws as they stand. I fully accept the rights, privileges and responsibilities held by these Bylaws.

Signature: _____ Date: _____

Witness (print name): _____

Witness (signature): _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

- Required attachments:
- 1. Copy of Driver's license or Colorado ID
 - 2. Authorization for Release of Information
 - 3. Confidentiality Agreement
 - 4. ROSS Personnel Form, if interested
 - 5. Medical Statement
 - 6. Worker's Compensation Preferred Providers form
 - 7. Medical or Fire Certificates

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the designated officer of Deer Mountain Fire Protection District to conduct a background investigation for the purpose of verifying the information contained in my application, the status of my driver's license and driving record and any criminal convictions on my record.

I specifically authorize any person, firm or corporation contacted by the designed officer of Deer Mountain Fire Protection District to release any of the above records.

THIS IS NOT AN AUTHORIZATION FOR THE RELEASE OF SOCIAL SECURITY NUMBER TO ANYONE, AND/OR ANY ORGANIZATION.

Full Name (printed): _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Race: _____

Gender: _____

Signature: _____

Date: _____

Witness: (print name): _____

Witness (signature): _____

Date: _____

Deer Mountain Fire Protection District Confidentiality Agreement

As a volunteer for the Deer Mountain Fire Protection District (DMFPD) you help people in their most vulnerable time; and many times they are in an embarrassing or stressful situation. These events tend to make individuals not be fully aware of what may be occurring around them. They may say, do or react to things in a behavior outside their normal way of responding.

While you are involved with DMFPD as a firefighter, EMS personnel, rescue personnel and/or assisting with a medical emergency there may be times that you discover private/personal information about the individual or individuals involved in the situation. It is imperative that you display the utmost professionalism and confidentiality surrounding these events. The information that you may learn may involve their private/personal life. Just as you would not want your personal information shared throughout the community, neither do those that DMFPD serve. If the information learned is pertinent to the situation and the care to be given, then it should be shared with the appropriate personnel. Any information obtained should not be discussed among yourselves outside the department or with others not involved with the incident. For those involved in stressful situation it may be necessary to debrief after an intense call. Be aware of those in your immediate area, volume and intensity of your voice, slang or terminology that may be used and the situations that you may be discussing. The use of names, addresses and other identifying information (i.e. license plate numbers) should be avoided.

Any discussion during or after the event of this situation could be/become embarrassing, stressful and/or degrading to the individuals involved, as well as to the DMFPD community. If needed, information may be provided upon request by law enforcement personnel and/or by a court of law. If the information obtained is questionable or out of the anticipated nature of the call, the information needs to be reported to the Incident Command and/or Officers of DMFPD.

Upon signing this agreement, you are bound by the Laws of Colorado and the Bylaws of Deer Mountain Fire Protection District for a verbal or written reprimand and the procedures described therein. If a breach of confidentiality occurs the Officers of DMFPD will rely on the Bylaws to reprimand all individuals involved in the breach.

The original signed copy of this document will be retained in your personnel file.

Printed Name: _____

Signature: _____

Date: _____