



DEER MOUNTAIN FIRE PROTECTION DISTRICT 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 (fire departments, schooling, certificates etc. – SKIP if completing the ROSS personnel form for National Fire Fighting)

(TRAINING continued)

FIRE/EMS EXPERIENCE (SKIP this section if completing ROSS personnel form for National Fire Fighting)

(EXPERIENCE continued)

STATUS OF PHYSICAL FITNESS (After reading the attached “**ESSENTIAL FIRE FIGHTING FUNCTIONS**,” do you have any physical disability or medical condition that would limit your capacity to fight fires or provide emergency medical services? **YES** **NO**)

Are you on disability or disabled? **YES** **NO**

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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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 the 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 Monat 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. Current vehicle registration/insurance card
 - 3. Authorization for Release of Information
 - 4. Confidentiality Agreement
 - 5. Worker's Compensation Preferred Providers form
 - 6. Medical Statement
 - 7. ROSS Personnel Form, if you are interested in going on National Fires

ESSENTIAL FIRE FIGHTING FUNCTIONS

These essential functions are what firefighters are expected to perform at emergency incidents and are derived from NFPA 1001.

1. Operate both as a member of a team and independently at incidents of uncertain duration.
2. Spend extensive time outside exposed to the elements.
3. Tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (up to 400 degrees F), humid (up to 100) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.
4. Experience frequent transitions from hot to cold temperatures and from humid to dry atmospheres.
5. Work in wet, icy or muddy areas.
6. Perform a variety of tasks on slippery, hazardous surfaces such as rooftops or from ladders.
7. Work in areas where sustaining traumatic or thermal injuries is possible.
8. Face exposure to carcinogenic dusts such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents either through inhalation or skin contact.
9. Face exposure to infectious agents such as Hepatitis B or HIV.
10. Wear personal protection equipment that weighs approximately 50 pounds while performing firefighting tasks.
11. Perform physically demanding work while wearing positive pressure breathing equipment with 1.5 inches of water column resistance to exhalation at a flow of 40 liters per minute.
12. Perform complex tasks during life-threatening emergencies.
13. Work for long periods of time, requiring sustained physical activity and intense concentration.
14. Face life or death decisions during emergency conditions.
15. Be exposed to grotesque sights and smells associated with major trauma and burn victims.
16. Make rapid transitions from rest to near maximal exertion without warm-up periods.
17. Operate in environments of high noise, poor visibility, limited mobility, at heights and in enclosed or confined spaces.
18. Use manual and power tools in the performance of duties.
19. Rely on senses of sight, touch, hearing and smell to help determine the nature of the emergency. Maintain personal safety, and make critical decisions in a confused, chaotic and potentially life-threatening environment throughout the duration of the operation.
20. Operate motor vehicle in full compliance with Colorado law.

DEER MOUNTAIN FIRE PROTECTION DISTRICT

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: _____

(Optional for identification verification only.)

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 Bylaws of Deer Mountain Volunteer Fire Department (DMVFD) for verbal or written reprimand and the procedures described therein. If a breach of confidentiality occurs the Officers of DMVFD 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: _____



DEER MOUNTAIN FIRE PROTECTION DISTRICT

6181 COUNTY RD 28, COTOPAXI, CO 81223

719-942-9610

To: All Employees and Volunteers

From: Deer Mountain Fire Protection District

Date: December 15, 2016

Subject: Designated Medical Providers for Work-Related Injuries and Illnesses

Effective January 17, 2017, all employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers.

1. Salida Family Medicine – 20180 Highway 50, Suite C, Cotopaxi, CO 81223 / 719-539-3612
2. 1st Street Family Health – 910 Rush Drive, Salida, CO 81201 / 719-539-6637
3. Salida Family Medicine – 310 E. 1st Street, Salida, CO 81201 / 719-539-3583
4. St. Thomas More – 1338 Phay Avenue, Cañon City, CO 81212 / 719-269-2000
Dr. Julian Venegas
5. CCOM Canon City – 3245 E. Highway 50, Suite E, Cañon City, CO 81212 / 719-285-2800
Dr. Nanes, DO or Dr. Quakenbush, PA

In the event of a life or limb threatening emergency, the injured employee will be sent to the nearest emergency medical facility. One of the medical providers designated about must provide all follow-up care.

If an unauthorized medial provider treats an employee, the employee will be responsible for payment for said treatment.

I have read and am fully aware of the organization's policy regarding medical treatment for work-related injuries and illnesses. I further understand that I must immediately report any work-related injury to my supervisor.

All employees must sign below, acknowledging this policy.

Employee's printed Name: _____

Employee's Signature: _____ Date: _____

NEW ROSS Personnel

(Only required if you are interested in going on National Fires)

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone: _____

Height (inches): _____

Weight (lbs.) _____

List past training and experiences with dates, location, position held, trainer/instructor:
