



LYONS FIRE PROTECTION DISTRICT
VOLUNTEER APPLICATION
For AUXILIARY MEMBER

*PO BOX 695, 251 Broadway
Lyons, CO 80540
Ph: 303-823-6611, Fax: 303-823-5568*

The LFPD is an equal opportunity agency. It is the policy of the fire district not to discriminate in accordance with the requirements of applicable state and federal laws, on the basis of race, creed, color, religion, national origin, sex, veteran status, ancestry, or marital status.

Name: _____

Soc. Sec. No. _____ Birth Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address if Different from Above: _____

City: _____ State: _____ Zip: _____

Email: _____

Preferred Phone No. _____ Home, Work, or Cell? _____

Alt. Phone No. _____ Home, Work, or Cell? _____

Emergency Point of Contact: Name: _____ Phone: _____

What positions or activities are you interested in volunteering for?

- | | |
|--|----------------------------|
| ___ Web Site Development | ___ Grant Writing |
| ___ Fundraising/Donations | ___ Fire Prevention |
| ___ Community Education | ___ Public Relations |
| ___ Multimedia Program Development | ___ Photography |
| ___ Station and Equipment Upkeep | ___ Disaster Liaison |
| ___ Community Wildfire Protection Plan Development | ___ Special Event Planning |
| ___ Special Event Staffing | |
| ___ Other skills or interests (please describe): _____ | |

Are there any particular days or times you are or are not available: _____

* Are you willing to be on an emergency call list to respond in support of a major disaster or emergency such as fire, flood, mass casualty or evacuation? This would involve tasks such as communication, obtaining food, water, shelter, helping with evacuation, and other related functions as directed. Yes___ No___

- Are you currently CPR certified? _____
- Are you interested in receiving CPR training? _____

FORMAL EDUCATION/DEGREES:

Degree	Major/Minor	School	Graduated? Year

CURRENT EMPLOYMENT:

Job/Position	Employer	Address

Please describe any volunteer experience, training or previous employment as it relates to the volunteer opportunities you are interested in:

Have you ever been convicted of a felony? YES/NO___ If yes, attach a separate page explaining the details.

I certify that all statements made in this application are true and complete. I authorize the District to investigate all statements made as part of this application and to secure any necessary information from all prior employers, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, entities, employers, references, institutions, agencies and the District from any and all liability arising from their giving or receiving information about my history, academic credentials, qualifications, reputation, driving record and criminal record.

I understand that any false statements or misrepresentation by omission made by me as part of my application will be sufficient for rejection of my application for my immediate discharge should one be discovered after acceptance to the District.

I have read and understand the attached policy regarding LFPD Auxiliary Members.

Signed: _____ **Date:** _____

Attach Copy of Photo ID.