



# LYONS FIRE PROTECTION DISTRICT VOLUNTEER APPLICATION

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

Please mark the box beside which position you are applying for:

REGULAR LIVES IN DISTRICT  RESERVE LIVES OUT OF DISTRICT   
AUXILIARY  INTERN  CADET

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. \* Regular Volunteers with Lyons Fire Protection District must live within five road miles of a station. Reserve Volunteers must live within fifteen road miles of a station.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

**Emergency Contact Information:**

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Family Doctor Name/Phone: \_\_\_\_\_

**Please list any Police, Fire and/or Medical agencies that you have been a member of:**

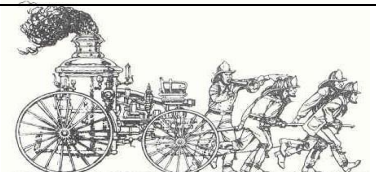
<u>Agency</u>	<u>Dates</u>	<u>Reason for Leaving</u>	<u>Phone</u>

**Please list the last five years of residence:**

***\*\*Please do not omit any information based on lack of space, please start a separate page.***

1) Present Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_



**RELATED TRAINING/EDUCATION:**

<u>School &amp; Address</u>	<u>Type of School</u>	<u>Area of study</u>	<u>Type of Certificate/Degree</u>	<u>Did you graduate?</u>

**PLEASE LIST PAST FIVE YEARS OF WORK EXPERIENCE:**

*\*\*Please do not omit any information based on lack of space, please start a separate page.*

<u>Primary Duties</u>	<u>Start/End Dates</u>	<u>Employer Supervisor</u>	<u>Phone/Alt Phone</u>	<u>Reason For Leaving</u>
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**Why do you wish to become a volunteer?**

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**What skills do you have that may benefit our agency?**

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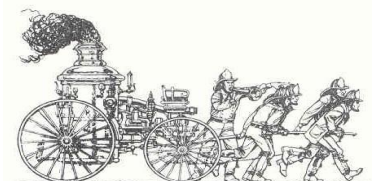
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**GENERAL:** *If you answer yes to any of the below questions, please provide an explanation on a separate sheet of paper and attach to your application. Include the violation type, date, and jurisdiction.*

- Do you have any physical, sensory or mental handicaps that would hamper your performance in the job for which you are applying? Yes No
- Have you ever been convicted of any moving violation, misdemeanor, or felony? Yes No
- Have you ever been found in any proceeding to have violated any state or federal law or rule regarding the practice of a health care profession? Yes No

**DRIVERS LICENSE INFORMATION:** You must have a valid driver's license, and a copy on file with LFPD, in order to drive department vehicles. Please provide a copy of your motor vehicle history with your application.

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_



**REFERENCES:** Please give the following information for three people who are not related to you.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>YEARS KNOWN</u>	<u>RELATIONSHIP</u>

By signing below 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 understand that before being accepted as a volunteer with Lyons Fire Protection District, I must complete a six month probationary period during which time I will be required to meet certain participation and training requirements.

**NOTICE**

**EACH EMPLOYEE OF LFPD IS AN "AT WILL" EMPLOYEE.**

THE RULES, POLICIES, AND PROCEDURES SET FORTH BY THE LYONS FIRE PROTECTION DISTRICT (LFPD) APPLY TO ALL EMPLOYEES AND, EXCEPT WHERE EXPRESSLY EXCLUDED, TO ALL VOLUNTEERS OF LFPD. **THIS APPLICATION AND ACCEPTANCE THEREOF DOES NOT CONSTITUTE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT. NOTWITHSTANDING ANY STATEMENT TO THE CONTRARY, ANY REPRESENTATIONS CONTAINED IN ANY EMPLOYMENT OR SERVICE APPLICATIONS, LFPD FORMS, OR OTHER LFPD DOCUMENTS, OR ANY STATEMENTS MADE BY ANY AGENT OR MEMBER OF LFPD, ANY MEMBER MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AND IN THE SOLE DISCRETION OF LFPD, SUBJECT ONLY TO THE APPLICABLE REQUIREMENTS OF STATE OR FEDERAL LAW.**

**COPIES OF CURRENT CERIFICATIONS, DRIVERS LISCENSE AND DRIVING HISTORY MUST BE SUBMITTED WITH YOUR APPLICATION. Thank You.**

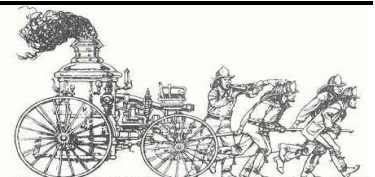
**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**For Office Use Only**

All items below are to be initialed by an Officer upon receipt of specified training or document. All items below must be completed and on file with the district prior to the application being accepted for membership.

<u>ITEMS TO BE COMPLETED</u>	<u>OFFICER SIGNED: DONE/ON FILE W/ADMINISTRATOR</u>
Completed Application	
Copy of Drivers License	
Driving History Background Check (DMV Record Supplied By Applicant)	
Copy of relevant certificates (CPR, EMT, FF1, Incident Qualification Card,( Red Card), ect.)	
Other:	

**Chief Signed Approval: \_\_\_\_\_**





# Application for Membership