

Basalt & Rural Fire Protection District VOLUNTEER APPLICATION PROCESS

1. There are two recruitment periods for new volunteers. Complete the application form and submit it to the Basalt & Rural Fire Protection District. Recruitment period deadlines are May 1st or November 1st.
2. An orientation will be held once the application has been received to give the prospective applicant an overview of the department. At this orientation, the probationary requirements for new members will be explained to the applicant, they will be given a probationary task book and scheduled for their written and physical tests.
3. Upon completion of the above tasks, successful applicants will be asked to go before the Advisory Board Committee (a panel of 5-7 people). The Advisory Board members will interview the applicant and may ask questions regarding prior education, experience, reasons for joining the department, etc.
4. Upon acceptance, the applicant will become a "probationary member" for a six month period. You must make an appointment with the Asset Officer to be issued your equipment. The applicant will then be allowed to respond to calls and sign-up for Firefighter/EMS training programs.
5. At the end of the six month probationary period and upon successful completion of the probationary requirements, the member will be reviewed by the Advisory Board Committee and will be considered for full membership on the department.

Basalt & Rural Fire Protection District

1089 JW Drive, Carbondale CO 81623
Ph: (970) 704-0675 / Fax: (970) 704-0625

APPLICATION FOR MEMBERSHIP: Fire _____ EMS _____ Both _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Home Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Mailing Address: _____
(PO BOX) (CITY) (STATE) (ZIP CODE)

Phone: Home _____ Cell _____ Work _____

Gender: MALE FEMALE Are you 18 years of age or older? YES NO

Do you have a valid Driver's License? YES NO License #: _____ State/ Class: _____ / _____

What is your blood type? _____ Are you listed as an organ donor? YES NO

Have you received any traffic citations in the last three (3) years and/or any convictions for Driving Under the Influence or Driving While Ability-Impaired during the last seven (7) years? YES NO

If yes, please indicate when, where and reason for the citation, and the eventual disposition of the citation(s):

Any physical or mental conditions which may require an accommodation by the District to permit you to perform volunteer firefighting or emergency medical services? YES NO

If yes, please list a description of such condition(s), along with any medications currently prescribed which the District should be aware of in the event your application is selected (Please Note: The contents of this application are confidential and will not be disclosed to third parties other than authorized members of the Basalt & Rural Fire Protection District): _____

TRAINING

Have you ever had any prior training or experience in firefighting or emergency medical services? YES NO

If firefighter, current level: FF1 FF2 Other: _____

If medically trained, current level: AFA CPR EMT-B EMT-I EMT-P Other: _____

Current State in which you are certified and expiration date: _____ / _____ / _____

Additional training: MAST IV ACT ACLS ATLS Extrication Other: _____

1. Have you ever been a member of another fire department or fire protection district in the state of Colorado or elsewhere? YES NO (If no, please skip to question # 4)

2. Have you previously served as a volunteer or paid staff member with this District? YES NO
If yes, did you serve prior to June 2, 1977? YES NO

3. When did you join? _____ When did you resign? _____
If you are accepted as a member, it will be your responsibility to supply our department with documentation from your previous fire chief(s) of your dates of service, as well as your training hours and any additional non-confidential information pertaining to your qualifications and credentials.

4. Have you ever been convicted of a felony? YES NO
If yes, please describe the circumstances: _____

(Please use a separate sheet of paper if additional space is necessary)

5. List any foreign languages you speak: _____

6. Briefly explain why you want to join the department: _____

(Please use a separate sheet of paper if additional space is necessary)

Please list three (3) local references:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Applicant Signature: _____ Date: _____

DEPARTMENT USE ONLY

Accepted? YES NO Probationary Date: _____ Full Member Date: _____

Resignation Date: _____ Reason for Resignation: _____

PERMISSION FOR BACKGROUND CHECK/ DRIVING HISTORY

Have you ever been arrested? YES NO

If yes, please explain: _____

Have you ever been convicted of any crime? YES NO

If yes, please explain: _____

Have you ever been convicted of a crime relating to the possession, distribution or use of illegal drugs? YES NO

If yes, please explain: _____

Have you ever been convicted of a traffic offense? YES NO

If yes, please explain: _____

Please list any traffic citations you received during the last five years: _____

RELEASE FOR INFORMATION

I, _____, hereby give permission to Basalt & Rural Fire Protection District and to
(PLEASE PRINT)
local law enforcement to conduct background checks. Including, but not limited to, driving record, criminal history and employment verification. I understand and request that this information be kept confidential.

Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Employment check: _____

Driver's License check: _____

Criminal History check: _____

Comments: _____

Accepted: _____ Rejected: _____

HEPATITIS B VACCINE PROGRAM

CONSENT

I have read the information pertaining to the Hepatitis B vaccine. I have attended an educational session addressing Hepatitis B viral infection. I have had the opportunity to ask questions, and they have been answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and consent to receive this vaccine.

Name: _____ (PLEASE PRINT) Age: _____

Signature: _____ Date: _____

NON-PARTICIPATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I understand that I can receive the vaccination series at no charge to me.

Name: _____ (PLEASE PRINT) Age: _____

Signature: _____ Date: _____

Reason for non-participation (optional): _____

VOLUNTEER FIRE MEMBERSHIP FORM

INSTRUCTIONS - Check one box below. Once completed, please return a copy of this form to FPPA at the address listed above.

- NEW MEMBER - Complete the *entire* form including your signature below.
- CHANGES ONLY - Complete Part A & D and any other information that you wish to change.
- TERMINATION DATE - Complete Parts A, B & D only.

Part A - General Information

Male
 Female

_____-_____-_____- _____ _____ _____
Social Security # Last Name First Name Middle Initial

Address

_____/_____/_____
Date of Birth (mo/day/yr)

City

State

Zip

(_____)_____-_____- (_____)_____-_____-
Home Phone Number Work Phone Number

Single
 Married _____ _____
Spouse's Name Spouse's Date of Birth (mo/day/yr)

Part B - Current Volunteer Department

_____/_____/_____
Name of your current Volunteer department - city, town or district Start Date (mo/day/yr)

To be filled in by FPPA.
FPPA City Code _____ - 5

Part C - Volunteer Fire History

Name of a former Volunteer department - city, town or district

from ____/____/_____ to ____/____/_____
(mo/day/yr) (mo/day/yr)

Part D - Member Signature

X _____
Your Signature

X _____
Witness to your signature
(someone other than your spouse)

_____/_____/_____
Date (mo/day/yr)

Space for FPPA office use.

APPLICANT TESTING ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that applicant testing for the Basalt & Rural Fire Protection District volunteer and employee positions present a test of a person's physical and mental abilities and limits, and as such, carry with it the potential for personal injury and bodily harm to the applicant. The risks include, but are not limited to, those caused by the testing methods, facilities, equipment, temperature, weather, condition of the applicant, and actions of other persons, including the administrators and testing personnel who assist in the applicant testing. These risks are inherent in physical and mental challenges which simulate some of the conditions experienced by fire fighting and emergency medical service personnel.

I hereby agree to assume all risks of participating in the applicant testing by the Basalt & Rural Fire Protection District Applicant Testing. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective property owned, maintained or controlled by them or because of their liability without fault.

I certify that I am physically fit, and am physically and mentally capable for participation in the applicant testing and have not been advised otherwise by a qualified medical person. As such, on behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I hereby *waive, release and discharge* from any and all liability for my death, disability, personal injury or property damage, the Basalt & Rural Fire Protection District, its directors, officers, employees, volunteers, representatives and agents, and *indemnify and hold harmless* such persons from any and all liabilities or claims made as a result of my participation in the Basalt & Rural Fire Protection District Applicant Testing, whether caused by the negligence of releasees or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during the applicant testing.

I agree that all disputes arising under this Waiver and Release shall be subject to the jurisdiction and laws of the State of Colorado.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and understand its contents.

Printed Name of Applicant: _____

Date of Birth: _____

Signature of Applicant: _____

Date: _____

FIREFIGHTER PHYSICAL AGILITY TEST

This is a pass/fail test, based on a validated time of eight (8) minutes or less, while wearing a 45 lb. weight vest, shirt, long pants, tennis shoes, gloves and helmet. Watches and jewelry are not permitted. No running is allowed during and between events.

- Stair Climb:
Climb up and back down a flight of stairs three (3) times.
- Dummy Drag:
Drag a 185 lb. dummy 35 feet and back.
- Hose Raise:
Using rope, haul bucket up and down three (3) times.
- Ladder Raise:
Raise a 24-foot ladder using each rung, until ladder is stationary against building. Then, raise a 24-foot extension ladder, hand over hand, until the fly section hits the stop. Then, lower until ladder is in the starting position.
- Forcible Entry:
Swing a 10-lb. sledge hammer from side to target, ten (10) times.
- Hose Drag:
Drag a 100-foot section of 1 3/4" hose 75 feet, turn 90 degrees and drag another 25 feet. Then rest on one leg and pull 50 feet of hose towards yourself.
- Equipment Carry:
Carry a rotary saw and one chainsaw a distance of 75 feet.
- Search:
Crawl and maneuver through obstacles within tunnels.

Applicant Name: _____

Pass/Fail: _____

Instructor: _____

Date: _____

EMS PHYSICAL AGILITY TEST

This is a pass/fail test. Watches and jewelry are not permitted. No running is allowed during and between events.

- Carry:
Carry a BLS bag and cardiac monitor up and down three (3) flights of stairs.

- Dummy:
Remove a 165 lb. dummy from a seat and place in a supine position on floor.

- CPR:
Perform CPR test on manikin. Perform simulated AED tests.

Applicant Name: _____

Pass/Fail: _____

Instructor: _____

Date: _____

PROBATIONARY MEMBER TRACKING FORM

Member Name: _____

Member Type: **FIRE** **EMS** **BOTH**

STEP

COMPLETED

Date Application Received _____

Application Taken By (Name) _____

Date of Advisory Board Interview _____

Date Background Check Completed _____

Date Accepted for Probation _____

Assigned Mentor Name/ Station# _____

Date Equipment Issued _____

Date Task Book Completed _____

Date Accepted as Full Member _____

MONTHLY BUSINESS MEETINGS ATTENDED:

___Jan ___Feb ___Mar ___Apr ___May ___Jun
___Jul ___Aug ___Sep ___Oct ___Nov ___Dec

MONTHLY TRAININGS ATTENDED:

___Jan ___Feb ___Mar ___Apr ___May ___Jun
___Jul ___Aug ___Sep ___Oct ___Nov ___Dec

MONTHLY WORK DETAILS ATTENDED:

___Jan ___Feb ___Mar ___Apr ___May ___Jun
___Jul ___Aug ___Sep ___Oct ___Nov ___Dec