

Stratmoor Hills Fire Department

Volunteer Application

2160 B Street

Colorado Springs, CO 80906

719.576.1200

Email: mail@shvfd.com

If you are able to answer all of these questions, please complete this form and select the submit button at the end of the application. You will be emailed to have the recruit application procedure explained to you.

Contact info:

Name (last, first, Middle): _____ Today's Date: ____/____/____

Address: Street _____ City _____

State _____ Zip _____

Daytime Phone: _____ - _____ Evening Phone: _____ - _____

Email address: _____

Date of Birth (Must be at least 18): _____/____/____

U.S. Citizen Y___ N___

SSN# _____ - _____ - _____ If non citizen INS # _____

Can you read and write English Y___ N___

Drivers license Y___ N___

License # _____ State _____ Type _____

Exp. Date ____/____/____

Has it ever been revoked or suspended Y___ N___

Explanation _____

Do you own or have access to a reliable vehicle Y___ N___

Is the vehicle insured Y___ N___

Have you had any D.U.I.'s in the past 5 years Y___ N___

Have you ever had a felony conviction? Y___ N___

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Do you have a high school diploma or G.E.D. ?

Y___ N___

Do you have a current Colorado E.M.T. certification?

Y___ N___

Have you received your Hep-B vaccination

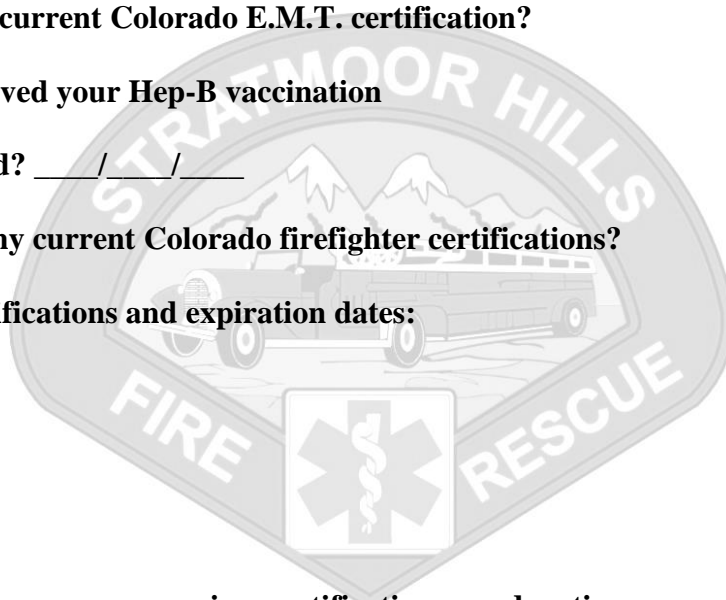
Y___ N___

Date completed? ___/___/___

Do you have any current Colorado firefighter certifications?

Y___ N___

Please list certifications and expiration dates:



List any other emergency services certifications or education you may have:

List any other knowledge or skills you think would pertain to you position:

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Employment History:

Current Employer: _____ Supervisor: _____

Address: _____ Phone Number _____

Dates Employed _____ to _____ May we contact this employer? Yes / No

Previous Employer: _____ Supervisor: _____

Address: _____ Phone Number _____

Dates Employed _____ to _____ May we contact this employer? Yes / No

References:

Please provide us with two (2) references. One personal and one professional.

Reference 1: Personal

Name: _____ Relationship: _____

Phone # _____ Email: _____

Years known: _____

Reference 2: Professional

Name: _____ Relationship: _____

Phone # _____ Email: _____

Years known: _____

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Health and Medical History

Have you ever consulted a physician or health service practitioner for treatment concerning any of the following?

Allergies Y___ N___

Back Pain Y___ N___

Blood Pressure Y___ N___

Cardiovascular disease Y___ N___

Diabetes Y___ N___

Dizzy spells Y___ N___

Ears Y___ N___

Epilepsy Y___ N___

Eyes Y___ N___

Fractures Y___ N___

Headaches Y___ N___

Nervous System Y___ N___

Orthopedic Y___ N___

Respiratory Problems Y___ N___

Tuberculosis Y___ N___

Tumors Y___ N___

Ulcers Y___ N___

Urinary Tract Problems Y___ N___

If you answered yes to any of the above conditions, please list the condition, type of treatment and date of treatment:

Please explain briefly your interest in becoming a member of the Stratmoor Hills Volunteer Fire Department

Signature _____ Date: _____

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| <p>For Departmental use only:</p> <p>Date _____</p> <p>IDM ___ ODM ___ EMT ___ FF ___</p> <p>Date Contacted _____</p> <p>Result _____</p> <p>Background _____</p> |
|--|

