Volunteer Application

If you are able to answer all of these questions, please complete this form and return it to the fire station. You will be emailed to have the recruit application procedure explained to you.

For Departmental use only:
Date_________________________
IDM ___ ODM___ EMT___ FF___
Date Contacted____________________
Result___________________________
Background_______________________

STRATMOOR HILLS FIRE RESCUE

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Has it ever been revoked or suspended Y____ N____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:

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

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

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Volunteer Application

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:

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

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Signature______________________ Date:_____________