

# Fowler Rural Fire Protection District

## Application for Membership

Dear Applicant:

Thank you for your interest in becoming a member of the Fowler Rural Fire Prot. Dist. (FFD). Our success as a community service organization depends on knowledgeable, educated, and dependable people who are willing to give time and effort for a common goal. We are pleased to see your interest in being part of our family.

The process of becoming a FFD member is straight forward. Please complete the attached application in its entirety. Include all names, telephone numbers, and addresses, etc. A background and driving record check will be conducted from this information. A copy of your valid Colorado driver's license must also be included.

On behalf of the Membership Committee we look forward to having you as a member of the Fowler Fire Department.



# Fowler Rural Fire Protection District

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Attention membership committee:

Attached is my application for membership with the Fowler Fire Department. I have given my full name, address, and other pertinent information as requested. I understand that this application must be completed in its entirety to receive consideration for membership.

I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about my background.

I certify that I am at least 21 years of age, a legal resident of the United States, I reside within the Fowler Rural Fire Protection District, hold a current Colorado driver's license, have a social security number, and have a high school diploma or GED equivalent.

By signing my name to this letter I consent to the investigation of all facts and circumstances given in the attached application for membership to the FFD. I also consent to the interview of any references provided herein, and to any background investigation needed by any law enforcement agency.

I fully understand that should any information herein be investigated and found to be false, that I will subject to dismissal from the FFD without recourse.

By signing below, I also agree that should I become a member of the FFD, it is my responsibility to obtain copies of all governing by-laws and policies. It is my responsibility to comply with these by-laws and policies. I understand that if I fail to comply with these by-laws and policies, I may face disciplinary actions and/or termination of my membership from the department.

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Applicant Signature

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Date of Application



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Please print all information clearly.

Personal Information					
Last Name:		First Name:		MI:	Nick Name:
Physical Address:				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City:		State:	Zip:		
Email address:			Drivers License No.:		
Cell Phone:		Home Phone:		Work Phone:	
Drive License Class:					
Social Security No.:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Military Service					
Branch: To: From:			If in military, list type of discharge:		
Employment					
Present Employer:			Position Held:		
Work Address:					
City:		State:	Zip:		How long with present employer: Years Months
Work Schedule: <input type="checkbox"/> Straight Days <input type="checkbox"/> Straight Nights <input type="checkbox"/> Straight Evenings <input type="checkbox"/> Shift Worker			Shift Length: <input type="checkbox"/> 8 hour <input type="checkbox"/> 10 hour <input type="checkbox"/> 12 hour <input type="checkbox"/> Other: _____ Average hours per week: _____		
Education					
Institution Name		State	Date of attendance From      Until		Did you graduate?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
If you did not graduate from high school, did you attain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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Background Information				
Have you ever been convicted of a crime? (Except traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the following information.				
Offence Charged	City / County	State	Date	Disposition of Case
Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below				
Offence Charged	City / County	State	Date	Disposition of Case
Traffic Record				
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location & reason:				
Offence Charged	City / County	State	Date	Disposition of Case
Vehicle Insurance Company	Agent		Phone	
List all traffic citations you have received in the last five (5) years. (excluding parking tickets)				
Offence Charged	City / County	State	Date	
List any accidents within the last three (3) years. (excluding parking tickets)				
Location		Date	At Fault	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
** For Office Use Only **				
Physical Test: Date: _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Background Check: Sent: _____ Received: _____ <input type="checkbox"/> Clear <input type="checkbox"/> N/C	Driving Record: Received: _____ <input type="checkbox"/> Go <input type="checkbox"/> No Go		
Committee Vote: Date: _____ <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Membership Vote: Date: _____ <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Applicant Notified: Date: _____		

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Membership Type			
Regular (full) membership requires that you become a certified EMT within 18 month of your start date. "Non-EMT" members have limited privileges and benefits. They are expected to respond to all calls, but are not required to be EMTs. FFD has a maximum of five "Non-EMT" positions.			
Are you applying for a: <input type="checkbox"/> "Non-EMT" position <input type="checkbox"/> Full Member			
Firefighting Experience and Training			
Have you previously been a member of a fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If Yes, list departments below:)			
Department Name	Address	From	Until
Are you a certified firefighter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	Date received:	
Have you attended any fire fighting schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attach copies of any certificates you have received.		
Other fire/rescue/haz-mat training or experience:			
Have you ever been a member of the Fowler Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No    Dates:			
EMS Experience and Training			
Past or current certified EMT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	Dates:	
<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> FD based	<input type="checkbox"/> Ambulance Service
Past or current CPR certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Aid or First Responder Training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other EMS/medical training or experience:			
Other Experience, Training, or Skills			

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References			
List any members of the FFD with whom you are acquainted:			
Name	Phone		
List three (3) references, other than relatives and others named above:			
Name	Address	Phone	Relationship
Why do you want to become a member of the Fowler Fire Department?			
How Did You Hear About Us?			
Statement of Veracity			
<b>Review your answers carefully and read the statement below before signing.</b>			
I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.			
I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions thoroughly and truthfully.			
I understand that failure to answer all questions completely and sincerely will subject me to dismissal from the Fowler Fire Department.			
Applicant Signature:		Date Signed:	
_____		_____	