

VOLUNTEER APPLICATION FOR MEMBERSHIP  
LA JUNTA RURAL FIRE PROTECTION DISTRICT  
PROTECTING THE COMMUNITIES OF  
LA JUNTA –SWINK-CHERAW

1. NAME: \_\_\_\_\_  
(Last) (First) (MI)

2. ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

3. HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

4. AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Month) (Day) (Year)

5. HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ COLOR OF HAIR: \_\_\_\_\_

6. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

7. SINGLE: \_\_\_\_\_ MARRIED: \_\_\_\_\_ DEPENDENTS: \_\_\_\_\_

8. NAME OF SPOUSE: \_\_\_\_\_  
(Last) (First) (MI)

9. Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Is your driver's license under current suspension? Yes \_\_\_\_\_ No \_\_\_\_\_

List any Traffic Violations you have had in the last 5 years:

\_\_\_\_\_

10. Resident of Rural District: \_\_\_\_\_ yrs. Resident of Colorado: \_\_\_\_\_ yrs

11. Family Doctor: \_\_\_\_\_  
(Name) (Address)

Any physical defects? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you submit to an exam by a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of last physical exam by a doctor: \_\_\_\_\_

12. Do you own an automobile? Yes \_\_\_\_\_ No \_\_\_\_\_

Owner of automobile: \_\_\_\_\_

13. Is there Liability Insurance on the above vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

14. List the Clubs or Organizations that you are now a member of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you had any Firemanship or Medical Training? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Firefighters Certification Number: \_\_\_\_\_ State \_\_\_\_\_

17. Emergency Medical Tech. Certification No.: \_\_\_\_\_

18. Have you ever been convicted of any Felony? Yes \_\_\_\_\_ No \_\_\_\_\_

19. CURRENT EMPLOYMENT:

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Type of Work \_\_\_\_\_

Supervisors Name \_\_\_\_\_

20. Do you object to our contacting your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

21. PREVIOUS EMPLOYMENT:

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Type of Work \_\_\_\_\_

Supervisors Name \_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Type of Work \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Do you object to your present or previous employers being contacted during the background investigation? Yes \_\_\_ No \_\_\_

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. REFERENCES:

List names of 3 persons not related to you whom you have known over 1 year.

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you object to your references being contacted during the background investigation?

Yes\_\_\_ No\_\_\_

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Why do you want to be a volunteer member of the Rural Fire District?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. How many hours per month can you volunteer? \_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

25. Position you are applying for. \_\_\_\_\_

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I hereby certify that I have completed this form completely and accurately to the best of my knowledge. I hereby give the La Junta Rural Fire District and its authorized representative's permission to request and review any and all information, documents and reports necessary to verify and investigate the answers given by me in my application. I understand that any falsification made by me in connection with this application may disqualify me from further consideration or if discovered after appointment may be grounds for my discharge.

I hereby certify that I have read and understand the above statements and agree to their provisions.

\_\_\_\_\_  
Signature Date

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26. TO EMPLOYER:

I will let the above applicant off the job during working hours to attend Fires and Emergencies, if possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

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25. If under 21 years of age, Parents Signature Required:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_