



Platte Canyon Fire Protection District
Membership Application Form
(303) 838-5853

Date _____ Social Security No. _____

Name _____ Birth date _____ Age _____

Home Address _____ Subdivision _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____ Pager/Cell _____

Spouses Name _____ Birth date _____ Age _____

Children Names and Birth dates _____

Nearest Relative Name _____

Complete Address _____

Persons to notify in case of emergency:

1. Name _____ Relationship _____

Home Phone _____ Work Phone _____

2. Name _____ Relationship _____

Home Phone _____ Work Phone _____

State of Health _____

Do you smoke? _____ If so, how much _____ Are you insurable? _____

List any medical conditions or medications which could interfere with your performance of volunteer duties:

Colorado driver's license number _____ Expiration date _____

Place of birth _____

Have you ever been convicted of a felony? _____ Explain _____

If your application is accepted, would you be willing to submit to a comprehensive drug screening? _____

If your application is accepted, would you be willing to submit to a comprehensive background check? _____

References: _____

(Please list three references (non-family members) – name, address, telephone number)

Are you aware that fire and rescue obligations may occur at any time, in any weather condition, and that as a volunteer member you are obligated to take all reasonable efforts to respond to said operation? _____

Special Interests (mark any applicable):

- Firefighting
- Maintenance
- Swift Water Rescue
- Wildland Firefighting
- Engineering
- Other _____
- Dispatching
- Medical

List any medical training and/or licenses held:

- Advanced First Aid Expiration Date _____ Certificate No. _____
- EMT Level _____ Expiration Date _____ Certificate No. _____
- CPR Expiration Date _____ Certificate No. _____
- Other _____ Expiration Date _____ Certificate No. _____

Would you be willing to take a CPR course? _____

Please list emergency experience prior to June 2, 1977 _____

Please list emergency experience since June 2, 1977 _____

In making this application for membership as a volunteer in the Platte Canyon Fire Protection District, I fully understand the personal risks involved in firefighting and its associated services. I understand that firefighting is inherently dangerous. I knowingly and voluntarily assume all risks attendant to my firefighting services. I also agree to return all equipment and/or gear issued to or loaned to me, upon termination of membership and/or leaving the District. I knowingly and voluntarily take full responsibility for the decline in value of the equipment and gear beyond ordinary wear and tear, upon its return. I knowingly and voluntarily assume the responsibility to pay the full replacement of same should I fail to return same to the District upon my departure.

Signed _____

Statement as to Volunteer Firefighting Experience

I state that I have been an active member for _____ years in the _____ volunteer fire department(s) prior to June 2, 1977, and/or that I have been an active member for _____ years with the _____ volunteer fire department(s) since June 2, 1977. I make these presentations voluntarily and with full knowledge of my voluntary work history. I understand that I am bound by these representations and that these representations may be relied upon by the Board of Trustees of the Platte Canyon Fire Protection District Pension Fund in the future.

Signed _____

Note: This application is not effective until the acceptance and approval by the District Chief.

Approved by: _____
District Chief