

**GOLDEN GATE FIRE PROTECTION DISTRICT
MEMBERSHIP APPLICATION**

Name: _____

Residence Address: _____

How long at this address? _____ Own or rent? _____

Previous Address: _____

Approximate distance from residence to nearest GGFPD fire station: _____

Mailing Address (if different): _____

Phone Nos.: Home: _____ Work: _____ Cell: _____

Date of Birth: ____/____/19____ Social Security Number: _____ - _____ - _____
MM/DD/YEAR

Date of last physical examination: _____

Colorado Driver's License No: _____ License Type: _____ Expiration Date: _____

Emergency Contact Information:

Name: _____ Address: _____

Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Address: _____

Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employment Information:

Occupation: _____

Current Employer: _____ How long employed: _____

Work Address: _____

Work days and hours (include travel time): _____

If you have been with your current employer for less than five years, please describe your prior work experience: _____

Training and Experience Information:

Have you ever been a member of a paid or volunteer fire department? _____ If yes, please provide details regarding your place and years of service: _____

Have you ever received any training relating to firefighting, fire suppression, fire investigation, emergency medicine, or related matters? _____ If yes, please provide details regarding the training you have received and attach copies of any certifications or licenses you hold: _____

Have you ever had any professional license or certificate of any kind revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private?_____ If yes, please provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and a description of the final disposition. _____

Have you ever had your driver's license revoked or suspended, or is any matter now pending against you which may result in revocation or suspension? _____ If yes, please explain in detail: _____

Do you carry automobile liability insurance, at least to the minimum required by state law? _____

Members of the Golden Gate Fire Protection District fire department are expected to successfully complete extensive on-going training that includes studying and strenuous physical activity. Working as a volunteer is also physically and emotionally demanding. It can require heavy lifting, pulling and pushing, climbing tall ladders, entering extremely small spaces, and facing dangerous circumstances. Responding to fires, accidents and other emergencies requires a volunteer to maintain his or her composure and think clearly in situations most people find very unpleasant or even shocking. Additionally, a volunteer is expected to respond quickly from his or her residence, even if a call comes during the middle of the night or on a holiday. Are you willing and able to satisfy all of these requirements? _____

Prospective members and members of the Golden Gate Fire Protection District fire department may be subjected to security checks and physical examinations. Members may be required to undergo urinalysis or other drug or alcohol testing. Members will also be required to abide by the District's rules and regulations and standard operating guidelines, the orders of superior officers, and directives from the District's Board of Directors. By signing this application you acknowledge the following:

1. That you have carefully read and truthfully responded to the questions set out above;
2. That you voluntarily consent to undergo such security checks, physical examinations and drug or alcohol testing as the District may require;
3. That you agree to abide by the District's rules and regulations and standard operating guidelines, the orders of superior officers, and directives from the Board of Directors;
4. That all gear and equipment provided by the District must be returned upon request and at termination or retirement in good condition, normal wear and tear excepted, and that you may be held financially responsible for damage through carelessness or recklessness; and
5. That you understand that acceptance as a Member does not create any contract of employment or otherwise and that Members do not have the right to receive any compensation or other remuneration for services provided on behalf of the Golden Gate Fire Protection District.

Date: _____ Applicant Signature: _____

Send Application to:
Golden Gate Fire Department
Fire Chief
PO Box 843
Golden, CO 80402-0843

STATE OF COLORADO
DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS COMPENSATION

AUTHORIZATION FOR RELEASE OF INFORMATION TO THIRD PARTIES

RE:

CLAIMANT NAME: _____
(Applicant)

CLAIMANT SSN: _____
(Applicant social security number)

REQUESTOR NAME: ABSOLUT a consumer reporting (background screening) agency

The above referenced claimant authorizes limited access to all workers' compensation files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorizations.

Information provided shall be limited to:

- Workers' Compensation Number
- Date of Injury
- Part of Body
- Employer

Claimant
(Applicant's Signature)

Date Claimant Signed

Must be signed and dated by the claimant/applicant.

Notarization is required

STATE OF COLORADO

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When using an embossed seal, please shade before faxing

County of _____
Subscribed and sworn to before me this

_____ day of _____, 20____

by _____
(Print name of claimant)

Signature of Notary Public

My commission expires _____