

## Boulder Mountain Fire Protection District Application for Third Arm Membership

Please fill out entire application (4 pages), submit completed application with your signature, a copy of your driver’s license and all current certifications (if any) to: Boulder Mountain Fire Protection District, 1905 Linden Drive Boulder, CO 80304, or you can fax your entire application to (303) 440-5247.

Boulder Mountain Fire Protection District is an equal opportunity employer.

**Personal Information**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Sec #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Activities of Interest to You: \_\_\_\_\_

Expectations of Volunteers:

Traffic: Attend classroom and on-the-road training – attain comfort with radio communications, proper equipment, and responsibilities

Phone Tree: Attend training, be available for occasional scheduled activities (100% NOT required) and emergency communications situations (100% not required)

Animal Evacuation: Attend training and be available from time to time to assist in plan development, communication, and training of pod members

Help: Attend training and determine areas of mutual interest to pursue (in development)

Database: Assist in developing instructions & examples for residents to use in updating their info, including any “Special Needs” for permanent or temporary occupants of their homes

**Page 2 of 4**

Have you been convicted of any traffic or non-traffic misdemeanors or felonies?

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

If you answered yes, list dates and states in which convictions occurred:

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Do you possess a valid Driver's License? Yes\_\_\_\_ No\_\_\_\_

If yes, what state? \_\_\_\_\_ License #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

List the number of traffic convictions and assigned points, which you have received for any moving violations during the past 5 years:

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Is your license currently restricted due to previous convictions? Yes\_\_\_\_ No\_\_\_\_

If yes, how?

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Do you have any pending convictions? Yes\_\_\_\_ No\_\_\_\_

If yes, please describe:

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**Education/Training/Qualifications**

Do you have a high school diploma or GED? Yes\_\_\_\_ No\_\_\_\_

If yes, circle highest grade completed: [12] [13] [14] [15] [16] [Graduate]

Degree obtained and major field of study: \_\_\_\_\_

If you have any of the following certifications, list issuing agency and exp date:

Colorado State FFI FFII: \_\_\_\_\_

Colorado State EMT (Basic, Intermediate, Paramedic and any associated certs):

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Wildland Fire Certifications: \_\_\_\_\_

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List any special training, which may be significant to BMFPD:

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**References**

Please list three references below, local if possible and no family members. You must include phone numbers:

<u>Name</u>	<u>Occupation</u>	<u>Phone</u>	<u>Years known</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Administration use only**

Application reviewed by: _____	Date: _____
BMFPD Officer review: _____	Date: _____
BMFPD Board review: _____	Date: _____
CBI background check: _____	Date: _____
Boulder County check: _____	Date: _____
Application Status:	
[ ] Approved	
[ ] Denied	
Reason for denial:	
_____	
_____	

**Page 4 of 4**  
**Applicant's Statement**

My signature below verifies that I have read and understood every question on this application. The information provided is accurate and complete to the best of my knowledge. Any falsification or misrepresentation of any information on this application may be grounds for termination or denial.

By signing below, I authorize BMFPD and/or its agents to investigate all information provided by me on this application.

My signature below releases BMFPD, all law enforcement agencies, schools, personal and job references listed from any and all liability concerning the release of information regarding my background.

My signature verifies that I understand that the use of alcohol and/or illegal drugs is prohibited while at work.

My signature verifies that I understand that unsatisfactory results of a background and/or driving check may result in termination or denial at any time. Unsatisfactory results include but are not limited to felony convictions, multiple misdemeanors, DUI/DWAI, multiple or severe traffic convictions.

My signature acknowledges that I understand that by signing this statement, a position with BMFPD may only be offered by the District Fire Chief, District Board of Directors or their designee.

I understand that that if offered a position of employment, I am an employee at will, and that the District's Volunteer and Employee Handbook or other written guidelines shall not operate to change such status.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_