



## Jefferson-Como Fire Protection District

P.O. Box 380  
Como, CO 80432  
(719) 836-2082 (Office St. 5)  
(719) 836-3244 (Fax)  
www.jcfd.org

### Application Procedures

Jefferson-Como Fire Protection District utilizes volunteer firefighters. The volunteer firefighters have the same responsibilities and must be willing and ready to put in as much, if not more, time into training, and response as do career firefighters. Volunteer firefighters carry pagers and radios and are alerted to respond to various types of incidents. Applications to become a volunteer firefighter are accepted all year long. People who are accepted onto the fire department will complete a Probationary Rookie Program within 18 months of their start date. Additional time may be required and/or allowed at the discretion of the Fire Chief.

**A screening process is used to determine qualified Applicants: this process assesses Applicants' abilities to perform all of the duties of being a fire fighter including their attitude and aptitude. This process evaluates a candidate's physical, intellectual, and emotional abilities in light of the requirements being a fire fighter demands in order to cope with the rigors of fire fighter training and service.**

#### **To become a volunteer firefighter, you must:**

- Submit an application for volunteer appointment to the department. Applications are available at Station 5 on 20200 County Road 15 (Elkhorn Road).
- Have a high school diploma.
- Be 18 years of age.
- Be a U.S. citizen.
- Live or own property within the district boundaries. (Changes to this requirement is at the discretion of the District Chief.)
- Possess valid proof of insurance on your personal vehicle.
- Possess a valid Colorado State driver's license.
- Agree to submit to and pass a driver's history check. Reasons not to pass a driver's history check include but are not limited to: no history of excessive moving violations or history of multiple traffic accidents, no DUI, DWI, or DUD convictions; no convictions of any traffic violation that carries 12 points.
- Agree to submit to and pass a background check for criminal history. Reasons not to pass a criminal history check include but are not limited to: having a felony conviction or adjudication, or having a pending felony charge; having misdemeanor convictions(s) which are deemed detrimental to the role of a firefighter.
- Submit a medical evaluation from your private physician stating that you are able to perform the rigors and challenges of firefighter training and service.
- Successfully complete a physical agility test.
- Successfully complete an oral board review/interview.



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### **All applicants will be disqualified if there is a reasonable showing of:**

- Any drug or alcohol convictions, addiction, or dependency (illicit or prescribed), any domestic violence or abuse convictions, any felony convictions, documented workers' compensation disability that would preclude you from performing the rigors of firefighting.

***All decisions concerning acceptance or disqualification made by the Fire Chief or his/her designee are final.***

### **Applicant's Statements**

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 on the following application will be grounds for termination of volunteer status and/or training.

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

My signature below releases JCFPD, and all law enforcement agencies, schools, references, and others, from any and all liability concerning the release of information regarding my medical, driving and criminal background.

My signature verifies that I understand impairment by alcohol and/or drugs is prohibited on any response by me; I further understand that the use of alcohol or drugs is prohibited when I am responding to a JCFPD call.

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

Signature of Applicant: \_\_\_\_\_

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



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

Full legal name: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (W) \_\_\_\_\_

Colorado Driver's License No. \_\_\_\_\_ Expiration: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Physical address: Street \_\_\_\_\_ City: \_\_\_\_\_ Subdivision: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_

Name and telephone of persons to contact in case of an emergency.

1). \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

2). \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

3). \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

**Have you ever been arrested and/or convicted of a felony or misdemeanor? Yes \_\_\_ No \_\_\_**

Are you aware that fire, rescue and emergency medical response may occur in any weather conditions and that as a volunteer member you are obligated to be in good physical condition and make all reasonable efforts to respond to said operations? Yes \_\_\_ No \_\_\_

List any special medical/fire training certifications or licenses held:

First Aid: \_\_\_\_\_ Expiration date: \_\_\_\_\_

EMT: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Cert. #: \_\_\_\_\_ Sponsor: \_\_\_\_\_

CPR: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Red Cross: \_\_\_\_\_ AHA: \_\_\_\_\_

First Responder: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Red Cross: \_\_\_\_\_ Other: \_\_\_\_\_

Colorado Division of Fire Prevention & Control Certifications:

FF I: \_\_\_\_\_ Expiration date: \_\_\_\_\_ FF II: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other: \_\_\_\_\_

**Attach all copies of National, State, and educational certifications held.**



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### Statement of Vehicle Insurance

#### Attach Copy of Insurance

Colorado Revised Statutes concerning Vehicle Traffic Regulations require that all vehicles shall have a minimum of liability insurance.

Any member of JCFPD that drives his/her Personally Owned Vehicle (POV) for any district purpose, including responding to calls and attending training, shall be insured and adhere to the Colorado Revised Statutes concerning vehicle and Traffic Regulations. Members may be asked to provide proof of automobile insurance to the District Chief at any time during their tenure.

I \_\_\_\_\_, hereby state and verify by my signature that any Personally Owned Vehicle (POV) that I may drive for JCFPD purposes, is currently insured in accordance with the State of Colorado laws and that I will retain such insurance while a member of JCFPD.

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

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

### Driver and Criminal Background Information

#### Attach a copy of current Colorado State Driver's License

Applicant's full name: \_\_\_\_\_

Applicant's DOB: \_\_\_\_\_ Social Security No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

The above applicant agrees to, and gives permission to, have a driver's license and criminal background check performed annually by the JCFPD Fire Chief. All information will become part of his/her personnel file and treated as confidential.

This release is given with full knowledge and understanding that the JCFPD will use this information only in regard to my service as a volunteer firefighter.

I hereby release JCFPD, their officers, agents, and employees from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance or any attempt to comply with this authorization.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Acknowledgement of Risks

In making this application for membership as a volunteer firefighter for the Jefferson-Como Fire Protection District, I, \_\_\_\_\_, fully understand the personal risks associated with firefighting and emergency medical/rescue services. I understand that firefighting is inherently dangerous. I knowingly and voluntarily assume all risks attendant to my firefighting services.

### Agreement to Return All Equipment and/or Gear

I, \_\_\_\_\_, agree to return to Jefferson-Como Fire Protection District all equipment and gear issued or loaned to me upon termination of my membership and/or leaving Jefferson-Como Fire Protection District. I knowingly and voluntarily take full responsibility for the decline in value of the equipment and gear beyond ordinary wear and tear. I knowingly and voluntarily assume the responsibility to pay Jefferson-Como Fire Protection District the full replacement cost of the equipment and/or gear issued to me should I fail to return said equipment.

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

### Agreement to Abide by the Rules and Regulations and Standard Operating Guidelines

As a condition of my membership, I, \_\_\_\_\_, agree to abide by the Jefferson-Como Fire Protection District's Rules, Regulations, and Standard Operating Guidelines.

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

