



RELEASE OF INFORMATION

I, _____, do hereby authorize the Aspen Fire Protection District or its designated representative authority to collect, review and evaluate, all background information concerning my character, previous employment, reputation, physical fitness, psychological makeup, financial status and any other information which may have an effect on my performance as a volunteer / employee for the Aspen Fire Protection District and Aspen Volunteer Fire Department.

Signature

Dated this _____ day of _____, 20_____



Membership Application Process

1. Please make the effort to visit a Thursday evening (6:00 pm) training session or attend a Volunteer business meeting held first Wednesday of each month (6:00 pm) before submitting your membership application. This is an opportunity to meet the firefighters, ask questions and obtain firefighter signatures on your application form.
2. Complete the application form and submit it to the Aspen Fire Protection District Office. Late applications will be reviewed for the next membership recruitment.
3. Qualified applicants will be invited for a personal interview.
4. Applicants chosen to continue in the process will undergo reference and background checks. Applicants will be required to sign a Release of Information Form.
5. Those who receive a conditional offer will be required to undergo a physical exam. (Expense will be covered by the Department)
6. Pending the outcome of the above reviews, successful candidates will be notified of their acceptance on the Department and begin a **six-month probationary period**, during which they:
 - Will be provided with all necessary personal protective equipment
 - Shall begin FireFighter 1 Certification (which includes HazMat Awareness and CPR Certifications) training for which will be provided by the Department. This must be successfully completed by the new recruit timeline (to be determined by the Department).
 - Must attend at least four AVFD regular monthly business meetings
 - Must respond to at least 25% of emergency calls for service (“all-calls”)
 - Must attend at least 18 hours of Department training drills
 - Must satisfy truck team duties, as assigned
7. At the end of the six-month probationary period, they will face review by the active members of the Department, and will be considered at that time for full membership on the Department, based on performance.



Requirements To Maintain Status As A Full Member In Good Standing

1. Obtain FireFighter 1 Certification within 18 months of joining the Department
2. Attend at least 25% of the AVFD regular monthly business meetings per calendar year
3. Respond to at least 25% of the emergency calls for service (“all calls”) each year
4. Complete at least 36 hours of Department training drills each year
5. Satisfy truck team duties, as assigned. Eight truck checks per year - two per quarter.



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APPLICATION FOR MEMBERSHIP

AFFIDAVIT

Please read each statement carefully before signing.

Attached is my application for membership with the Aspen Volunteer Fire Department. I certify that all information provided herein is true and complete. I attest that no information has been withheld or omitted that would in any way affect my eligibility for membership with the Aspen Volunteer Fire Department. I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you accept me for membership with the Department. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date.

I also certify that I am eighteen (18) years of age or older; a citizen or legal resident of the United States; a resident of the Aspen Fire Protection District; hold a current valid Colorado drivers license; have a social security number; and have a High School diploma or GED equivalent. I have read and understood the description of the Aspen Volunteer Fire Department membership application process and the listed requirements for probationary and full members, all of which are attached to this application form.

I authorize investigation into my background, including criminal history and driving record, and investigation of any or all facts and statements contained in this application. I also authorize any person, school, current employers, past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of membership it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION FOR MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand, and by my signature consent to these statements.

Applicant Signature: _____

Date Signed: _____

PERSONAL INFORMATION

Applicant Name: _____
Last First Middle

Home Address: _____
Street City State Zip

If **less than 2 years** at the above address, please complete the following:

Previous Address 1: _____ How long? _____

Previous Address 2: _____ How long? _____

Mailing Address: _____
Street /PO Box City State Zip

Email Address: _____

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

Date of Birth: ____ / ____ / ____

Do you have a (required) valid Driver's License? Yes No

Driver's License #: _____ State: _____ Class: _____

Restrictions (if any): _____

Are you a U.S. Citizen? Yes No If No, are you a **legal resident** of the U.S.? Yes No

How long have you lived in the Aspen Fire Protection District? _____

If less than (the minimally required) two (2) years, please explain why an **exception** to the residency requirement should **possibly** be considered for you (in terms of your Firefighter/EMS training, experience and qualifications):

Have you previously applied for membership with AVFD? Yes No If YES, when? _____

How did you hear about our membership opportunities? _____

Do you have your own reliable transportation to calls for service? Yes No

Do you have any Physical or Mental Conditions which may require an accommodation by the District to permit you to perform volunteer firefighting or emergency medical services? Yes No
(If Yes, please describe such condition(s) on a separate sheet of paper.)

Are you able to perform the following tasks with or without accommodation?

Climbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wearing of Breathing Apparatus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heavy Lifting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driving of Fire Apparatus	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please note that the contents of this application are confidential and will not be disclosed to third parties other than authorized members of the Aspen Volunteer Fire Department.)

TRAINING / EXPERIENCE / SKILLS

Have you had any (not required) previous training or experience in fire suppression, EMS or other emergency services? Yes No

If Yes, please list: _____

If Yes, current level of certification: FireFighter I FireFighter II Other: _____

Additional training: Extrication HazMat Awareness HazMat Operations
 Rescue Other: _____

Do you have any special or additional skills which may be an asset to the Department?

If medically trained, current level: First Aid CPR Emergency Responder
 EMT-B EMT-I EMT-P
 Other: _____

State in which you are certified: _____

Expiration Date: _____ / _____ / _____

BACKGROUND INFORMATION

1. Have you been or are you now a member of another fire department or emergency services organization in the state of Colorado or elsewhere? Yes No

If No, Skip to Question #3

If Yes, which one(s) and what were your dates of service?

2. Have you previously served as a volunteer with the Aspen Fire Protection District? Yes No

If Yes, what were your dates of service? From: _____ To: _____

Did you leave the Department as a member in good standing? Yes No

If you are accepted as a member, it will be your responsibility to supply our department with documentation from your previous fire department chief(s) of your dates of service, as well as documentation of your training hours and any additional non-confidential information pertaining to your qualifications, credentials and certifications.

3. Have you ever been arrested for or convicted of a misdemeanor criminal offense? Yes No

Have you ever been arrested for or convicted of a felony criminal offense? Yes No

If Yes, please give details, including charge, location and disposition of case:

Please use a separate sheet of paper if additional space is necessary

4. Have you been fired from a job or asked to resign in the last five (5) years? Yes No

5. Has your driver's license ever been suspended or revoked? Yes No

If Yes, please provide details: _____

Have you received any Traffic Citations in the last five (5) years and/or any convictions for Driving Under the Influence or Driving While Ability Impaired during the last ten (10) years?

Yes No

If Yes, please provide details (including when and where), and the eventual disposition of the citations(s) and/or case(s):

EDUCATION

High School

Name: _____ City/State: _____

Did you Graduate? Yes No If Yes, Year Graduated: _____
If No, Date of GED: _____

Trade or Vocational School

Name: _____ City/State: _____
Dates Attended: _____ Certificate: _____

College(s)

Name: _____ City/State: _____
Dates Attended: _____
Field of Study: _____ Degree: _____

Name: _____ City/State: _____
Dates Attended: _____
Field of Study: _____ Degree: _____

Graduate School

Name: _____ City/State: _____
Dates Attended: _____
Field of Study: _____ Degree: _____

Other Education/Training

EMPLOYMENT HISTORY

Current Employer: _____ Job Title: _____
Address: _____ Phone #: _____
Employment Dates: _____ to _____
Job Description: _____

Previous Employer: _____ Job Title: _____
Address: _____ Phone #: _____
Employment Dates: _____ to _____
Job Description: _____

Reason for Leaving: _____

Previous Employer: _____ **Job Title:** _____
Address: _____ **Phone #:** _____
Employment Dates: _____ to _____
Job Description: _____

Reason for Leaving: _____

LOCAL PERSONAL REFERENCES

	Name	Phone #	Known for How Long?	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

PRELIMINARY CONTACTS WITH AVFD MEMBERS

Please make the effort to visit a Thursday (6:00 pm) training session or attend a business meeting (held first Wednesday of each month at 6:00 pm) before submitting this application. These are opportunities for you to meet some members and familiarize yourself with multiple aspects of the Department, such as expectations, obligations, operations, organization, etc.

Collect signatures from six active AVFD members:

Signature #1 _____	Name Printed _____
Signature #2 _____	Name Printed _____
Signature #3 _____	Name Printed _____
Signature #4 _____	Name Printed _____
Signature #5 _____	Name Printed _____
Signature #6 _____	Name Printed _____

STATEMENT OF INTEREST

Please explain why you want to be a member of the Aspen Volunteer Fire Department.
