

DEER MOUNTAIN FIRE PROTECTION DISTRICT EMS/VOLUNTEER APPLICATION

DATE JOINED _____

NAME **DATE OF BIRTH**

ADDRESS

EMAIL **PHONE** **CELL**

EMERGENCY CONTACT NAME (home #) **(cell)** **ADDRESS IF DIFFERENT)**

SOCIAL SECURITY # **DRIVER'S LICENSES # AND STATE**

HEIGHT **WEIGHT** **HAIR COLOR** **EYE COLOR**

FIRE/EMS TRAINING

TRAINING/CERTS CONTINUED

**STATUS OF PHYSICAL FITNESS: DO YOU HAVE ANY PHYSICAL DISABILITY OR MEDICAL
CONDITION THAT WOULD LIMIT YOUR CAPACITY FOR EMS/FIRE?**

YES **NO**

ARE YOU ON DISABILITY OR ARE YOU DISABLED? () YES () NO

IF YES TO EITHER OF THESE QUESTIONS, PLEASE EXPLAIN: _____

Would you submit to a medical/physical examination or DRUG test upon request by chief or medical manager? () Yes () No

BENEFICIARY (S) – List names, relation, address, phone number and percentage.

| NAME/RELATIONSHIP | ADDRESS | PHONE | PERCENTAGE |
|--------------------------|----------------|--------------|-------------------|
| | | | |
| | | | |
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I understand that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and violation could result in termination. By signing this application I (1) agree to abide by the above statement and (2) agree to notify the Chief and or the EMS manager in writing within (5) calendar days if I am convicted for a violation of a criminal drug statute occurring in the work place.

I, the undersigned, have read and fully accept the Deer Mountain Fire Department By-Laws as they stand. I fully accept the rights, privileges and responsibilities held by these By-Laws.

Signature: _____ **Date:** _____

Witness (print name): _____

Witness Signature: _____ **Date** _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

- REQUIRED ATTACHMENTS:**
- (1) Photo Copy of Driver’s Licenses.**
 - (2) Authorization of Release of Information.**
 - (3) Confidentiality Agreement.**
 - (4) ROSS Personnel Form, if Interested.**
 - (5) Medical Statement.**
 - (7) Preferred Worker’s Compensation Provider.**
 - (8) Medical or Fire Certificates**

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the designated officer of Deer Mountain Fire Protection District to conduct a background investigation for the purpose of verifying the information in my application, the status of my driver's license and driving record and any criminal convictions on my record.

I specifically authorize any person, firm or corporation contacted by the designated officer of Deer Mountain Fire Protection District to release any of the above records.

THIS IS NOT AN AUTHORIZATION FOR THE RELEASE OF SOCIAL SECURITY NUMBER TO ANYONE, AND/OR ANY ORGANIZATION.

FULL NAME PRINTED: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ **RACE** _____ **GENDER:** _____

SIGNATURE: _____ **DATE:** _____

WITNESS (PRINT NAME) _____

WITNESS (SIGNATURE) _____ **DATE:** _____

DEER MOUNTAIN FIRE PROTECTION DISTRICT

CONFIDENTIALITY AGREEMENT

As a volunteer or a paid employee of DMFPD you help people in their most vulnerable time; and many times they are in an embarrassing or stressful situation. These events tend to make individuals not fully aware of what may be occurring around them. They may say, do or react in a behavior outside their normal way of responding.

While you are involved with DMFPD as a firefighter, EMS personnel, rescue personnel and/or assisting with a medical emergency, there may be times that you discover private/personnel information about an individual (s) involved in the situation. It is imperative that you display the utmost professionalism and confidentiality surrounding these events. The information that you learn may involve their private/personnel life. Just as you would not want your personnel information shared throughout the community, neither does those that DMFPD serve. If the information learned is pertinent to the situation and the care to be given, then it should be shared with the appropriate personnel. Any information obtained should not be discussed among your selves outside the department or with others not involved with the incident. For those involve in stressful situations, it may be necessary to debrief after an intense call. Be aware of those in your immediate area, volume and intensity of your voice, slang or terminology that may be used and the situations that you may be discussing. The use of names, address and other identifying information (i.e. license plate numbers) should be avoided.

Any discussion during or after the event of this situation could be embarrassing, stressful and/or degrading to the individuals involved, as well as to the DMFPD community. If needed, information may be provided upon request by law enforcement personnel and/or by court of law. If the information obtained is questionable or out of the anticipated nature of the call, the information needs to be reported to the Incident Command and/or officers of DMFPD.

Upon signing this agreement, you are bound by the Laws of Colorado and the By-Laws of the Deer Mountain Fire Protection District, for a verbal or written reprimand and the procedures described there in. If a breach of confidentiality occurs, the officers of DMFPD will rely on the By-Laws to reprimand all individuals involved in the breach.

The original signed copy of this document will be retained in your personnel file.

Printed Name: _____

Signature: _____ Date: _____