

Receipt of Application for Membership

(Please complete and return to the District Administrator)

Date: ____/____/____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ FAX: (_____) _____

E-Mail: _____

Recipient's signature: _____

To be completed By Limon Area Fire Protection personnel

Presenter's name and title: _____

Recruiter assigned: _____
(Name and date)

If application not received back:

One month phone contact made by recruiter: _____
(Name and date)

Two month phone contact made by recruiter: _____
(Name and date)

Application received back. Application review process begun.

(Name and date)

Applicant no longer interested in membership

(Name and date)

Limon Area Fire Protection District
Member Application

The Limon Fire Department was formed in **1912**. In **2007**, the Limon Fire Department became the Limon Area Fire Protection District, which is a form of local government ("LAFPD"). Our members provide fire suppression, vehicle rescue, technical rescue, and emergency medical services, directly or through third parties (currently in conjunction with Limon Ambulance Service), to residential, commercial, wildland and highway exposures to service area spanning over 400 square miles in western Lincoln and eastern Elbert Counties. Additionally, we provide assistance to neighboring fire departments and other requests for emergency services. On average, we have 20 volunteer firefighters in our membership.

Benefits to Our Volunteers

As a volunteer member of the LAFPD, you will have the honor of serving your community in emergency situations. Additionally, all members have the opportunity to meet and work with other highly trained, motivated and enthusiastic volunteers and interact with numerous local, state, and national agencies. The personal reward of helping both friends and strangers is without measure.

Other opportunities to our members are:

- Participation in department and community functions
- Fire and rescue related training opportunities provided at no cost to members
- Pension benefits upon reaching age **50** and after completing **10** years of active service
- Worker's compensation coverage while in service to LAFPD

Criteria for Membership

We require you be:

- Be at least 18 years of age
- In good health and physical condition
- Have no felony convictions that would make you unsuitable to be a LAFPD volunteer
- Have automobile insurance meeting Colorado statutory minimums
- Have a valid Driver's License and clean driving history

If accepted, you are a trainee member until you meet the following requirements:

- Successful completion of a recognized Firefighter I and Hazardous Materials academy
- Successful completion of a recognized S130/190 wildland firefighting course
- Successful completion of an 8 cardiopulmonary resuscitation course (CPR)
- Successful completion of state certified Emergency Medical Responder or higher certification course
- Approval for active membership by recommendation

Once you have attained active membership status, you must maintain it by:

- Participating in a minimum of 36 hours of training annually
- Complete a minimum of 36 shift hours per month
- Attend assigned LAFPD events
- Respond to emergency call as required
- Maintaining valid certifications

Equipment

Upon acceptance as a member, you will be provided communications and personal protective equipment (PPE), for responding to calls. All issued equipment is the property of LAFPD. It must be kept in good working condition and returned if you are no longer a member.

Application Process

Once you submit your application ,it will be reviewed by LAFPD for completeness. Additionally, a background investigation and a doctor's release for duty is required. By signing and submitting this application, you are authorizing LAFPD to obtain a consumer report about your criminal, driving, credit, education and employment history in order to properly evaluate your application for volunteer membership.

PERSONAL DATA			
Last Name	First Name	Middle Initial	Social Security #
Alias or Previous Name (if any)			
Home Phone Number	Work Phone Number	Cell Phone Number	Pager Number
e-mail address		Drivers License Number	
EMERGENCY CONTACT INFORMATION			
Name		Phone Number(s)	Relation
RESIDENTIAL HISTORY (List all previous residential addresses for the past 10 years Attach additional sheets if needed)			
Current Address		<input type="radio"/> Own <input type="radio"/> Rent	Dates resided From _____ To _____
Previous Address		<input type="radio"/> Own <input type="radio"/> Rent	Dates resided From _____ To _____
Previous Address		<input type="radio"/> Own <input type="radio"/> Rent	Dates resided From _____ To _____
Previous Address		<input type="radio"/> Own <input type="radio"/> Rent	Dates resided From _____ To _____
EMPLOYMENT HISTORY- (List employment going back 10 years. Attach additional sheets if needed)			
Current Employer	Address	Phone #	Supervisor Name
Job Title	Responsibilities	Dates employed From _____ To _____	Normal work days/hours
Previous Employer	Address	Phone #	Supervisor Name
Job Title	Responsibilities	Dates employed From _____ To _____	Normal work days/hours
Previous Employer	Address	Phone #	Supervisor Name
Job Title	Responsibilities	Dates employed From _____ To _____	Normal work days/hours
MILITARY HISTORY - Are you now serving, or have you every served in the military? OYes ONo (If yes, please complete the following section)			
Branch of Service	<input type="radio"/> Active <input type="radio"/> Reserve <input type="radio"/> Discharged	If presently active or reserve provide the following: Date of Entry _____	If discharged: Date of discharge _____ Type of discharge _____
EDUCATIONAL HISTORY (Attach a photocopy of any proof of your educational attainment)			
Have you graduated from High School or completed a GED? <input type="radio"/> Yes <input type="radio"/> No	School Name, City, State		
Business/Technical/Trade School _____ Years	School Name, City State		Date Last Attended
College Level Completed _____ Years Degree Received? <input type="radio"/> Yes <input type="radio"/> No	School Name, City, State		Degree Type (circle) BA MA MBA PhD BS MS JD MD Major/Minor _____

CRIMINAL HISTORY 1

Have you ever been convicted of a felony? Yes No
If yes, please explain and provide details
Note: Conviction of a felony will not automatically disqualify you
 Yes No

MOTOR VEHICLE HISTORY

Attach the following to your application upon submission
1. Photocopy of your current, unexpired Colorado driver's license
2. Photocopy of your current proof of insurance
3. Copy of your current driving history report

PREVIOUS FIRE DEPARTMENT EXPERIENCES

Do you have firefighter experience? Yes No
If yes, provide name, location, and phone # of agency:
Dates of active membership:
From _____ To _____
 Paid Employee Volunteer Member
Are you currently receiving a pension from any paid or volunteer department? Yes No If yes, explain:
Current certifications (attach photocopies)
 Firefighter I Firefighter II
 Fire Officer First Responder
 EMT – Basic EMT – Intermediate
 Paramedic

REFERENCES – List three character references that we may contact, whom you have known for at least 12 months

Name	Relation	Phone Number	Time known

Additional Qualifications or Experiences - Please provide any additional information regarding special skills or experiences you have that would be helpful to us in considering your application.

AUTHORIZATION AND CERTIFICATION

I certify to the best of my knowledge, that the answers I have provided are true, correct, complete and without significant omissions. I acknowledge that the information I provide is subject to verification. I acknowledge that any omission or misrepresentation of fact in the application may result in rejection of my application for membership or termination of my volunteer membership.
I also acknowledge that I will be required to obtain a fit for duty evaluation by a Medical Doctor. I acknowledge that LAFPD has a zero-tolerance drug and alcohol policy. I may be asked to submit to random drug and alcohol screenings.
I hereby authorize Limon Area Fire Protection District and its agents to contact any third parties (including, but not limited to current and previous employers, schools, credit bureaus, licensing authorities, motor vehicle departments, governmental agencies, and individuals familiar with my background) to obtain information which is deemed necessary or appropriate in connection with my application. This information may include, but is not limited to, references, academic background, performance, disciplinary, attendance, personal history, consumer credit, motor vehicle and criminal conviction records.
I hereby release LAFPD, and its employees and agents and any individual, entity or agency they may contact, from any claims arising from making or responding to such requests for information.
Signature: _____ Printed Name: _____ Date: ____/____/____
Date of Birth: ____/____/____ SSN: ____-____-____ Phone: (____) ____-____
Address: _____
City/State/Zip: _____

AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION

I understand that in connection with the application process, the Limon Area Fire Protection District ("**Fire District**") may request information from my past employers, volunteer organizations, educational institutions, and personal references, and that such investigation may include a review of any criminal records and driving record. I have provided complete and truthful information to the Fire District regarding all sources of information about my past employment/volunteer service, education, licensure/certifications, driving record, criminal conviction record, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer, or immediate discharge. In order to assist the Fire District in obtaining documents and information regarding my background, I hereby consent to the release of the following information:

1. I authorize and consent to the release of information to the Fire District regarding my previous employment and volunteer services, and authorize all past employers and volunteer organizations, or agents they may designate, and any consumer reporting agency hired by the Fire District, to respond to the Fire District's verbal or written inquiries regarding my employment/volunteer services, including, but not limited to, positions held, dates of employment/volunteer services, last pay rate, work performance, name and telephone number of my immediate supervisor, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful or threatening behavior, including all information contained in my personnel and/or confidential file(s). I consent to the release of this information with full knowledge and understanding that the information released may include positive or negative facts and opinions that I may believe are false.

2. I authorize and consent to the release and disclosure to the District of educational or vocational records from any and all public or private educational or vocational institutions I have attended, including all records of any academic performance; courses attended; grade(s) earned; diplomas, degrees or other certificates conferred.

3. I authorize and consent to the Fire District, or its consumer reporting agency or other agent, contacting, either verbally or in writing, any individual or entity, including but not limited to any individual or entity identified in my application, for purposes of confirming information contained in my application, and otherwise furthering the purposes of the Fire District's background investigation.

4. I authorize and consent to the release of information relating to my driving record, and to the Fire District, or its consumer reporting agency or other agent, verifying the Social Security number I have provided upon the Fire District offering me a volunteer position.

5. I authorize and consent to the Fire District's, or its consumer reporting agency's or other agent's, thorough investigation of whether I have a record of criminal convictions, and, if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. I understand that the Fire District's criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from membership.

6. I hereby release and hold harmless the Fire District, its current and past Directors, officers, employees, volunteers and agents, and any other person or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this Authorization, or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have now or in the future. I voluntarily grant this Release for purposes of supporting my application and based upon my desire to encourage the Fire District's consideration of my application. If I have any concerns about the information that may be provided to the Fire District, or its consumer reporting agency or other agent, during its investigation of issues relevant to its consideration of my application, I have voluntarily advised the Fire District of such concerns in writing.

7. I have carefully read this Authorization and Release and voluntarily agree to its terms in order to assist the Fire District in evaluating my qualifications for membership.

Name (Please print legibly): _____

Signature: _____ **Date:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** ____ / ____ / ____

Drivers License Number: _____ **State Issued:** _____

Address: _____

State: _____ **Zip Code:** _____

Telephone Number: (_____) _____ - _____

Application Checklist

Item to be submitted	Applicants Initials	Admin Initials	Date Received
Completed application	_____	_____	____/____/____
Completed authorization to release information	_____	_____	____/____/____
Physician's release	_____	_____	____/____/____
Copies of all current certifications	_____	_____	____/____/____
Motor Vehicle Record from all states in which you have lived the past 5 years.	_____	_____	____/____/____
Copy of current motor vehicle insurance	_____	_____	____/____/____
Copy of current driver's license	_____	_____	____/____/____

Application Review

ADMINISTRATOR REVIEW		
Date of Review	<input type="radio"/> Approved <input type="radio"/> Denied	Comments
Printed Name		Signature
ASSISTANT CHIEF REVIEW		
Date of Review	<input type="radio"/> Approved <input type="radio"/> Denied	Comments
Printed Name		Signature
RECRUITER REVIEW		
Date of Review	<input type="radio"/> Approved <input type="radio"/> Denied	Comments
Printed Name		Signature
INTERVIEW COMMITTEE REVIEW		
Date of Review	<input type="radio"/> Approved <input type="radio"/> Denied	Comments
Printed Name		Signature

Medical Exam: Scheduled ___/___/___

Background: Initiated ___/___/___

Results Received ___/___/___

Results Received ___/___/___

**Disclosure to Volunteer Applicant
Regarding Procurement of a Consumer Report**

In connection with your application to participate in the Limon Area Fire Protection District's ("**Fire District**") Volunteer Firefighter Program ("**Program**"), the Fire District may procure a consumer report on you as part of the process of considering your application to participate in the Program. If information from the report is utilized in whole or in part in making an adverse decision regarding your application to participate in the Program, before making the adverse decision, the Fire District will provide you with a copy of the consumer report. Attached is statement of your rights under the Fair Credit Reporting Act.

Please be advised that the Fire District also may obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers, volunteer organizations, or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that the Fire District make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which the Fire District receives the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on a separate document entitled, *A Summary of Your Rights Under the Fair Credit Reporting Act*, a copy of which has been provided to you.

By your signature below, you hereby authorize us to obtain a consumer report and/or investigative report about you in order to consider your application to participate in the Program. This report will be processed by:

Background Information Services, Inc.

Applicants Name (Print):	
Address:	
Signature:	Date:

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>