

**Glacier View Fire Department Membership Application**

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

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

E-mail address: \_\_\_\_\_

Colorado Drivers license number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

*Please attach a copy of your drivers license to this form*

Employer / Address:

\_\_\_\_\_  
\_\_\_\_\_

How long have you lived in the Glacier View area?: \_\_\_\_\_

Are you a **full time** resident of this fire district? \_\_\_\_\_

What position(s) are you primarily interested in?

Firefighter

EMS

Logistics Group

What days / nights are you available to participate in training or respond to calls?

\_\_\_\_\_  
\_\_\_\_\_

Do you have previous firefighting or **field** EMS experience? \_\_\_\_\_

-Or- do you have any special skills you think would be useful in our organization? (Mechanic, Truck Driving, Secretarial, etc.)

**If so, please explain below and attach copies of certifications if applicable.**

_____ _____ _____ _____ _____
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**Why do you want to be a member of the Glacier View Fire Department?**

_____ _____ _____ _____ _____
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**Please read carefully:**

Glacier View Fire department / EMS provides its members with adequate training and sufficient protective equipment to function properly in an emergency setting. We make every effort to provide a safe working environment. However, the inherent risks of emergency services mandate that we can't guarantee total safety all the time. It is important that the candidate understand these risks and the commitment necessary to function with our organization.

A member of the Glacier view FD / QRT is commonly required to perform in severe conditions. These include extreme heat, cold, smoky, or toxic conditions at any hour of the day or night. A member may be required to perform strenuous physical activities including heavy lifting, pulling, or pushing. A member may be required to enter burning or unstable areas and extreme terrain in order to perform rescue, EMS, or extinguishment activities.

In addition to the above, on EMS (ambulance) calls the member may be confronted with hostile or violent patients. Some may require physical restraint. On EMS or rescue calls, the firefighter could also be exposed to communicable diseases, and blood or body fluids.

Members of this dept. must never respond to calls or training under the influence of Alcohol, Illicit, or Prescription substances or medications which could impair judgement or performance. These medications include but are not limited to: Anti-psychotics, Tranquilizers & Narcotic pain relievers.

The member is required to attend practical and classroom training sessions as specified in the dept. bylaws to attain a required level of competency.

The member will function within the framework of the organization. This includes following orders from superior officers, maintaining pt. confidentiality, and always acting in the best interests of the Glacier View Fire Dept.

*I have read the above statement. I understand the potential risks & requirements of being a member of Glacier view Fire Dept. and or QRT and certify I am capable, or trainable, to perform these tasks without undue accommodation.*

*I also understand that all information submitted in this application is subject to verification. I also understand I will undergo a criminal background check.\**

*I also understand that falsification of any information on this document is grounds for rejection or dismissal.*

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

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

**\*-The criminal background check will show any/all arrest or criminal record(s) the candidate has. It will not necessarily show the disposition of a case. It is the responsibility of the candidate to provide disposition info on any arrest or criminal record the membership committee deems appropriate. The membership committee also reserves the right to reject applications based solely on past criminal records. The membership committee also reserves the right to investigate any criminal record.**

Thank you for your interest in joining our organization, we will contact you soon!

Date of Acceptance: \_\_\_ / \_\_\_ / \_\_\_

OFFICE USE

Signed \_\_\_\_\_ (Chief  Assistant Chief )

Print name \_\_\_\_\_ (Chief  Assistant Chief )