HANOVER FIRE DEPARTMENT

Rec’d Date: Rec’d by: Notified on: By:

VOLUNTEER APPLICATION

*All applicants are considered for appointment regardless of race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job-related medical condition or handicap*

|  |
| --- |
| **Section I – Personal Information** |
| Full Name | Date |
| Address |
| Phone: Cell: | Email: |
| Are you over 18? ( ) Yes ( ) No SSN (Optional) - - | Sex ( ) M ( ) F |
|  |
| **Section II – Driving Record & Information** |
| Drivers License Number | State | Exp. Date | Class |
| Has your License ever been suspended? ( ) Yes ( ) NoIf yes, reason When How long  |
|  |
| List ALL moving violations received during the PAST 2 Years |
| Date | Offense | Results |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **Section III- General Information** |
| Are You a Veteran of the U. S Armed Forces? ( ) Yes No ( )Branch Type of Discharge Date  |
| Are you pending, or have you ever had criminal actions brought against you? ( ) Yes ( ) NoIf yes Date Charge Where Disposition (If Yes, Please explain in detail) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

In what capacity are you willing to volunteer for the Fire Department?

Medical

Wild Land Fires

Administration

All Call Response

Other

What is your availability for response to emergencies? (Check all that apply)

Monday - Friday Saturday - Sunday

8am - 5 pm 8am - 5 pm

6pm - 7 am 6pm - 7 am

Other

Other

|  |
| --- |
| **Section IV - Education** |
| High School Graduate? ( ) Yes ( ) No GED? ( ) Y ( ) N School College ( ) Yes ( )N Years Major Vocational / Technical School ( ) Yes ( ) No Course School  |
|  |
| **Section V Related Experience** |
| Do you currently have any certificates, awards, letters of experience in the Fire Service or Medical Field? ( ) Yes ( ) No (If yes, please list) <Field, Date, Presented by, and Place> |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| List any organizations in which you have held membership. (optional) |
|  |
| **Section VI - References** |
| List two references NOT related to you, on the third line, list a relative not living with you. |
|  |
| Name | Address | Phone |
|  |  |  |
|  |  |  |
|  |
| Emergency Contact |
|  |
| Name | Phone |  |

|  |
| --- |
| **Section VII - Personal** |
| Please write a short paragraph on why you would like to be appointed as a Volunteer, and your goals with this organization |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| What is your current occupation? Current place of employment (if applicable)  |
|  |
| I swear the answers given here are true and complete to the best of my knowledge. I authorize investigation of any and all statements contained in this application as may be necessary in attaining a decision as to my appointment as a Volunteer on this Department.I understand that false or misleading information given in my application may result in my not being considered for appointment. I am required to abide by the Policies and Procedures of this Department.Applicant’s Signature Date *As part of the application process you are required to pass the CBI background check. Fill out the attached form and send in to the address on the form. The fee is reimbursable to you upon an “ALL CLEAR” result.**Thank you for your interest in being part of the Hanover Fire Department Team.* |

IDENTIFICATION UNIT

COLORADO BUREAU OF INVESTIGATION

690 Kipling Street Suite #3000

Denver, CO 80215 [www.colorado.gov](http://www.colorado.gov/)

PUBLIC REQUEST FOR ARREST INFORMATION

PLEASE TYPE OR PRINT CLEARLY $13.00 Per Name Window Service

Reply will be mailed in 3-5 working days No Personal Checks MON-FRI 8AM – 4:30 PM IF NOT RECEIVED WITHIN 14 DAYS CALL 303/239-4208

NAME TO BE CHECKED : TYPE OR PRINT LEGIBLY

| / / / / / / / / / / / / / / / / / / / / / / / / | Last Name

| / / / / / / / / / / / / / | | / / / / / / / / / | First Name Middle Name

|  |  |  |
| --- | --- | --- |
|  / / MONTH DAY YEAR DATE OF BIRTH (REQUIRED) | | M | F |MALE FEMALE (CIRCLE ONE) | - -SOCIAL SECURITY NUMBER(OPTIONAL) |

SEND REPLY TO: (COMPLETE MAILING ADDRESS)

Hanover Fire Department .

NAME OF BUSINESS AND/OR PERSON

17550 South Peyton Highway .

STREET ADDRESS OR P.O. BOX APT NUMBER

|  |  |  |  |
| --- | --- | --- | --- |
| Colorado Springs  |  CO  | 80928 -  | (719) 683-FIRE . |
| City | STATE | ZIP CODE | PHONE NUMBER |

PURPOSE OF REQUEST: (CHECK ONE)

BAIL BONDING BAIL BOND LIC# (MANDATORY FOR BAIL BONDING)

EMT

NURSING

PUBLIC X

SECURITY GUARD

HOUSING

POST BOARD

ADOPTION

VISA

ACCOUNT # CONCJ (IF KNOWN)

THE RECORDS REQUESTED SHALL NOT BE USED FOR THE DIRECT SOLICITATION OF BUSINESS OR PECUNIARY GAIN (MONETARY GAIN) : (REQUESTOR SIGN BY THE X PER STATE LAW)

X

CBI ARREST FILE COMPLETENESS: Not all Colorado arrests are documented in CBI files. Colorado Criminal Justice Agencies may not provide all arrests, charges or dispositions to the CBI. Manual reporting (non electronic) Colorado Criminal Justice Agencies has a delay of approximately one to two weeks between the time of arrest and the time CBI receives the arrest card. Sealing is permitted only when the arrestee has petitioned the court for sealing, and has either been acquitted of all charges relating to an arrest, or no charges were filed in the arrest, or all charges were dismissed. The following juvenile records (18 and under) are releasable under the “Open Records Act” misdemeanor traffic, adjudicated as an adult and registered sex offenders.