

PEYTON FIRE PROTECTION DISTRICT

APPLICATION FOR VOLUNTEER MEMBERSHIP

P.O. BOX 98
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APPLICATION FOR VOLUNTEER MEMBERSHIP

AN EQUAL OPPORTUNITY EMPLOYER

A department of motor vehicle and medical release of physical fitness for employment (See Attached) will be required of all applicants prior to approval/disapproval by the Peyton Fire Protection District.

Providing false information is grounds for automatic rejection of an application or dismissal from the organization. APPLICATION WILL ONLY BE ACCEPTED IF COMPLETE ENTIRELY. SEE LAST PAGE

Please check box to indicate the type of volunteer membership you are applying for:

☐

VOLUNTEER MEMBER

☐

AUXILIARY VOLUNTEER MEMBER

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NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____

 CITY STATE ZIP CODE

Telephone Number: _____ Alternate telephone number: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Information: _____
 Number State

 Type Expiration Date

Experience: _____

Education:
High School graduated or GED: _____
Name of College/Vocational or Technical School: _____

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Subjects studied: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Have you ever been convicted of any law violations (except a minor traffic violation)? YES: _____ NO: _____

If yes, give details: _____

Have you ever applied for membership to the Peyton Fire Protection District/Peyton Fire Department/Peyton volunteer Fire Department before?

YES: ____ NO: ____ If yes, When? _____

Have you ever been a member of the Peyton Fire Protection District, Peyton Fire Department/Peyton Volunteer Fire Department, before? YES: ____ NO: ____

If yes, when? (Please give dates of service and position held.) _____

Have you ever been a member of any Fire Department/Volunteer Fire Department, before? YES: ____ NO: ____

If yes, when? (Please give dates of service and position held.) _____

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Current Fire and Medical Experience or Certifications: _____

Expired or Past Fire and Medical Experience or Certifications: _____

Emergency Contact Information:

Name of person to contact in case of an emergency: _____

Relationship: _____

Contact's Home/Cell phone: _____ Work phone: _____

Nearest living relative: _____

Relationship: _____

Address: _____

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Home/Cell phone: _____ Work phone: _____

Do you have any medical conditions that the District should be aware of?

YES: ____ NO: ____ If yes, please describe: _____

Are you taking any medications? Yes: ____ NO: ____ If yes, please list: _____

ESSENTIAL FUNCTIONS AND CLASSIFICATION OF A FIREFIGHTER:

The fundamental reason this classification exists is to protect life and property through firefighting and EMS activities. Often performed under conditions that require strenuous physical exertion. Major elements of a Firefighter's work are the participation in code enforcement activities performed by fire companies, supervised drills, and training in firefighting and EMS skills. Some time is spent in special and routine maintenance of equipment and apparatus along with routine care of buildings, grounds, and public education activities. Work at the fire station and scenes of fires, is normally performed under close supervision in accordance with well-defined procedures and is inspected in process and upon completion by the Fire Captain. Occasionally, employees in this class maybe required to relieve an officer of higher rank and when so assigned, are responsible for the management of all company programs and the supervision of assigned fire companies and equipment at the scene of the fire until relieved of command by an officer of higher rank. Firefighters maybe be assigned to work on special assignments which call for special abilities and knowledge attained through experience and training.

ESSENTIAL FUNCTIONS:

- Lays and connects hose, holds nozzles and directs water stream, raises and climbs ladders and uses chemical extinguishers, bars, hooks, lines, and other equipment at the scene of fires.
- Performs salvage operations.

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- Administers EMS to injured persons, frequently using advanced techniques to restore cardio-pulmonary functions.
- Participates in fire drills and attends classes in firefighting, EMS, and related duties.
- Performs general maintenance work in the keep-up of the Fire Department property.
- Inspects buildings and premises for compliance with fire laws, checks on complaints and aids in the investigation of arson cases.
- Inspects commercial and noncommercial buildings.
- Signs citations and gives testimony in court in connection with fire code enforcement activities.
- Attends public gatherings to ensure observance of fire safety requirements.
- Conducts tours of the station house for scouts, civic, and other interested groups.
- Demonstrates continuous efforts to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless customer service.

Required knowledge, Skills, and Abilities:

Knowledge of:

- * Firefighting principles and practices.
- * Emergency Medical techniques
- * Computers and Microsoft Office (Word, Excel, and PowerPoint).

Ability to:

- Work cooperatively with other employees and the public without regard to race, creed, color, religion, national origin, gender, marital status, military status, age, disability, sexual preference or orientation, transgender status, membership, or other status in any other group protected by applicable law.
- Accept and follow orders given by superior officers without regard to race, creed, color, religion, national origin, ancestry, gender, marital status, age, disability, sexual preference or orientation, transgender status, membership or other status in any group protected by applicable law.

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- Work at heights greater than ten feet.
- Operate power driven machinery such as lawn mowers and extraction equipment.
- Move objects between 20-50 pounds short distances (20 feet or more).
- Observe or monitor people's behavior to assess patient condition.
- Communicate orally and professionally with customers, clients, or public in face-to-face one-on-one settings.
- Understand and follow oral and written instructions in English language.
- Perceive red, yellow, and blue colors to recognize hazards identified by fire diamonds.
- Tolerate extreme fluctuations in temperature while performing job duties.
- Work for long periods of time, requiring sustained physical activity and intense conditions.
- Rely on sight and hearing to help determine the nature of an emergency and make operational decisions.
- Make life or death decisions during emergency situations.
- Comprehend and make inferences from written material in the English language.
- Work in various weather conditions with exposure to the outdoor elements.
- Work safely without presenting a direct threat to self or others.
- Make fine, highly controlled muscular movements to adjust the position of control mechanisms such as operating levers, pedals, and valves.
- Learn job related material through structured lecture, reading, and through oral instruction and observation. This learning takes place in both the classroom setting and in an on-the-job training setting.
- Observe or monitor objects to determine compliance with prescribed operating or safety standards.
- Bend or stoop repeatedly or continually over time to perform emergency medical services, or perform duties on the fire ground.
- Perform duties requiring frequent pulling of 40 pounds or more, such as removing hose from apparatus, pulling veiling, starting power equipment, and opening doors on the apparatus.
- Lift arms above shoulder level to cut vent holes with an axe or to force entry into automobiles using specialized tools.
- Use Self-Contained Breathing Apparatus and protective clothing to prevent exposure to hazardous materials and infectious diseases.

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- Maintain professional composure during critical incidents where gruesome situations occur.

MANDATORY REQUIREMENTS:

- Must have graduated with a high school diploma or possess an appropriate equivalency diploma recognized by the Colorado Department of Education.
- Must attend a minimum of forty (40) hours of annual interdepartmental training to maintain policy and certifications.
- Some positions will require the performance of other essential and marginal functions depending upon work location, assignment, or shift.
- Individuals must be physically capable of operating the vehicles safely, possess a valid Colorado driver's license and have an acceptable driving record. Use of a personal vehicle to get to and from the fire station and must maintain valid personal auto insurance coverage.
- Must not have any pending or convicted felonies or Class III misdemeanors within the past seven (7) years.
- Must be able to pass a physical, the Peyton Fire Protection Physical Agility Test and pass a drug test.

List of Professional References

Reference #1 Name: _____

Contact Number: _____

Relationship to Applicant: _____

Reference #2 Name: _____

Contact Number: _____

Relationship to Applicant: _____

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REQUEST FOR MEDICAL CLEARANCE

To be filled out by medical provider, SIGNED AND STAMPED

_____ (print volunteer applicants name) has applied for volunteer membership with the Peyton Fire Protection District to be a firefighter.

Volunteer members run medical and fire calls for the Peyton Fire Protection District. Tasks may include prolonged standing, lifting, sitting, exposure to heat and smoke, as well as exposure to extreme hot and cold weather conditions.

As a medical provider, are there any known pre-existing conditions which would prevent this person from performing the duties as a firefighter? (List here if any) _____

_____ ☐ APPROVED ☐ NOT APPROVED
Print volunteer applicant's name

To perform the tasks described above for a volunteer member of the Peyton Fire Protection District.

Medical Providers Signature: _____

Date: _____

Medical Office Stamp

[]

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Application Check List

Check these tasks off as completed

PLEASE DO NOT SUBMIT THE APPLICATION IF THESE ARE NOT COMPLETE

- ☐ APPLICATION FILLED OUT
- ☐ DMV DRIVING RECORD NOT OLDER THAT 30 DAYS
https://mydmv.colorado.gov/_/#2
- ☐ MEDICAL CLEARANCE FOR EMPLOYMENT FILLED OUT AND
SIGNED AND STAMPED BY A MEDICAL PROVIDER.
(SEE PAGE 9 OF APPLICATION)
- ☐ Colorado Bureau of Investigation (CBI) RECORD NOT
OLDER THAT 30 DAYS
<https://www.cbirecordscheck.com>
- ☐ COPY OF DD214 IF PRIOR MILITARY SERVICE
(IF THIS DOES NOT APPLY TO YOU, SKIP THIS BOX.)

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Please do not submit this application without having a complete packet (checklist on previous page). If you have any questions regarding the application, please contact the Peyton Fire Protection District. Thank you

I _____ certify that I have completed the Peyton Fire Protection District Volunteer Application completely and accurately.

Signed: _____

Date: _____

