

CITY OF FOUNTAIN VOLUNTEER FIRE FIGHTER

The City of Fountain Fire Department utilizes volunteer fire fighters. The volunteer fire fighters have the same responsibilities and training as the career fire fighters. Volunteer fire fighters are required to work three 12-hour shifts a month, one at each of the three fire stations. The shifts are from 0800 – 2000 hours (8:00 a.m. – 8:00 p.m.) and 2000 – 0800 hours (8:00 p.m. – 8:00 a.m.). Volunteer fire fighters carry pagers and are alerted to respond for large incidents such as wild land fires and structure fires when they are off shift. Volunteer fire fighters can also join any of the following teams: the Animal Rescue Team, the Hazardous Material Team, the Technical Rescue Team, the Wildland Fire Team, or the Fire Investigation Team.

People that are accepted onto the fire department attend our Fire Academy to become certified as a fire fighter. The Fire Academy starts in February of each year. The City of Fountain Fire Department selects new members once a year, in December. Applications to become a volunteer are accepted at any time and kept on file for one year. Cut-off for the following year Fire Academy is December 1st of the previous year.

To become a volunteer fire fighter you must:

- Submit an application for volunteer appointment to the department, application are available at any fire station
- Have a high school diploma or GED
- Must be 18 years of age or older
- Live in El Paso, Teller or Pueblo Counties
- Possess a valid driver's license
- No felony convictions
- Agree and submit to a background check for criminal history
- Agree and submit to a drivers history check
- Successfully complete a physical agility test
- Successfully pass an oral interview board

Automatic disqualifiers for acceptance into the City of Fountain Fire Department are:

- Any drug or alcohol conviction
- Any domestic violence conviction
- Any felony conviction
- Habitual driving infractions
- Any medications or drug use that would impair your ability to function as a Firefighter/EMT or other position in the fire department including medical marijuana

**For any questions about becoming a volunteer
contact Training Officer Mark Kuzmic at (719) 322-2016**

City of Fountain Fire Department

Application for Appointment

Rec'd _____
Interv'd _____
Class date _____
Notified by _____

Applicants are considered for volunteer appointment regardless of race, color, religion, sex, national origin, marital status, veteran status, sexual orientation or the presence of a non-job-related medical condition or handicap.

Please check the appropriate box: Volunteer Firefighter Volunteer EMS Provider
 Auxiliary Other Date: _____

PERSONAL INFORMATION

Full Name _____		
Address _____ Apt# _____		
City _____	State _____	Zip _____
Home Phone () _____	- Cell Phone () _____	-
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
In case of an Emergency notify:		
Name	Address	Phone Numbers

DRIVING RECORD

Driver License # _____	State _____	Date Expires? _____	Class _____
Has your driver's license ever been suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, reason _____			
When _____ How long _____			
List all moving violations you have received in the PAST 5 YEARS			
Date	OFFENSE	DISPOSITION	
Do you currently have auto insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Insurance Company _____ Expiration Date _____			

GENERAL INFORMATION

Are you now pending or have you ever had criminal actions brought against you? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES:			
DATE	CHARGE	WHERE	DISPOSITION
Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Do you have any physical, mental or medical impairment or disability that might limit your job performance in the position of volunteer fire fighter or EMS provider? YES NO

If yes, please explain in detail _____

EDUCATION HISTORY

HIGH SCHOOL GRADUATE? YES NO GED

High School _____ Address _____

COLLEGE: YES NO Years _____ Major _____

College _____ Address _____

VOCATIONAL/TECH SCHOOL: YES NO Course _____

School _____ Address _____

AFFILIATIONS AND EXPERIENCE

List all current fire service and EMS certifications

CERTIFICATION	ATTAINED FROM	EXPIRATION	AFFILIATION

List all organizations in which you have held membership (include all volunteer, professional, trade, civic and business organizations and activities)

ORGANIZATION	OFFICE HELD	MEMBERSHIP DATES

REFERENCES

Please list **three** references to which you are not related nor have ever been your employer. List **one** relative that does not live in your home.

Referrals Name	Full address with City, State and Zip	Phone
Relatives Name	Full address with City, State and Zip	Phone

EMPLOYMENT HISTORY

Beginning with your present or latest employment, list your last two jobs, including military service. (Please exclude organizations whose name indicates race, sex, color, religion or national origin)

Employer _____ Supervisor _____

Address _____ Position _____

City _____ State _____ Zip _____

Dates of employment: from _____ to _____

Duties performed _____

Reason for leaving _____

Employer _____ Supervisor _____

Address _____ Position _____

City _____ State _____ Zip _____

Dates of employment: from _____ to _____

Duties performed _____

Reason for leaving _____

I certify that all information given herein is true and complete. I authorize an investigation of any and all statements contained in this application as may be necessary in attaining a decision to my appointment as a volunteer member with this department.

I understand that any information I do not provide that is requested in this application may have a bearing on my acceptance as a volunteer member with this department. I understand that false or misleading information given on my application or during my interview may result in my not being considered for a volunteer appointment or if employed may cause my termination at any time.

I understand that, should I be appointed, I am required to abide by the rules and regulations of this department and the City of Fountain. I understand and agree that the Fire Chief may change the terms and conditions of my volunteer membership, with or without cause, and with or without notice, at any time. I also understand that my volunteer membership can be terminated, at any time, by the Fire Chief.

Applicant's Signature _____ Date _____

