

APPLICATION FOR VOLUNTEER MEMBERSHIP

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS APPLICATION

If you are accepted as a volunteer member the Nederland Fire Protection District (“District”) you will be an “at-will” member, meaning you may quit without notice at any time and for no reason; similarly, the District may terminate you at any time for no reason, subject only to the requirements of federal and state law. Nothing in this application alters your at-will membership.

The District will rely upon the truthfulness and completeness of the information you provide in this application. Any false or misleading information in, or material omission of information from, this application may result in your not being hired, or immediate termination at any point in the future if you are hired.

The District fully supports, and complies with, all applicable federal, state and local laws relating to the hiring and membership of individuals. The District will not discriminate against an applicant or employee on the basis race, color, religion, creed, national origin, ancestry, gender, marital status, military status, age, disability, sexual preference or orientation, transgender status, genetic information, or membership or other status in any other group protected by federal, state or local law.

This application automatically expires in 45 days. You must complete and submit a new application if you want to be considered for a position after 45 days, or if you want to be considered for a different position.

By signing this application, you acknowledge you have read, fully understand and agree to the statements contained in this section.

INSTRUCTIONS TO THE APPLICANT: We appreciate your interest in membership with the District. Complete every section *in your own handwriting*. Print clearly in black or blue ink, and answer each question fully and accurately. If a question/section does not apply to you, put N/A. **DO NOT LEAVE A SECTION BLANK.** Sign and date this form. Thank you for taking the time to complete this application.

Last Name	First Name	Middle Name	
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Home Telephone	Work Telephone	Mobile Telephone	
E-Mail Address		Social Security Number	

Position Applied For:	Date of Application:
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GENERAL INFORMATION

1. The Job Description for this position is posted on the District's website (www.nfpd.org). Have you read the job description for the position? Yes No
2. Can you perform the essential functions of the job with/without reasonable accommodation? Yes No
3. Do you agree to comply with all District rules, policies and procedures, and all federal, state and local laws, regulations and protocols, and to follow all relevant safety rules, guidelines and procedures? Yes No
4. Can you wear and perform work in a hazardous environment utilizing Self-Contained Breathing Apparatus with or without reasonable accommodation? Yes No
5. Can you climb and work from a ladder with or without reasonable accommodation? Yes No
6. Are you legally eligible for employment in the U.S.? Yes No
(Proof of eligibility to work in the U.S. will be required upon membership for all applicants.)
7. Are you at least 21 years of age? Yes No
8. Have you previously been employed by, or provided volunteer services to, the District? Yes No
If Yes, give dates: _____
9. Have you ever been fired or asked to resign from a job? Yes No
If Yes, please explain: _____
10. Have you been convicted of, or plead no contest to, a crime (other than a minor traffic offense) since you were 18 years of age? Yes No
(A record of criminal conviction(s) will not necessarily disqualify you from membership.)
If Yes, please explain: _____

EMPLOYMENT EXPERIENCE & REFERENCES

1. Start with your present or last job/volunteer position and explain any significant gaps in time. Include any military service assignments. You may, but are not required to, attach a resume in addition to completing this Section.

I) Name and Address of Employer Telephone: () Job Title <i>(state if volunteer position)</i> : Name of Supervisor:	From		To		Hourly Wage/Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
	Work Performed:					

II) Name and Address of Employer Telephone: () Job Title <i>(state if volunteer position)</i> : Name of Supervisor:	From		To		Hourly Wage/Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
	Work Performed:					

III) Name and Address of Employer Telephone: () Job Title <i>(state if volunteer position)</i> : Name of Supervisor:	From		To		Hourly Wage/Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
	Work Performed:					

IV) Name and Address of Employer Telephone: () Job Title <i>(state if volunteer position)</i> : Name of Supervisor:	From		To		Hourly Wage/Salary	Reason for Leaving:
	Mo	Yr	Mo	Yr		
	Work Performed:					

2. Are you currently employed or holding a volunteer position? Yes No
3. Give the names, addresses and telephone numbers of three references who are not related to you and who are not prior employers/volunteer organizations:

Name	Address	Telephone

EDUCATION; FIRE/EMS BACKGROUND;SPECIAL SKILLS

1. The position to which you are applying requires a high school diploma or a G.E.D. Do you have a high school diploma or a G.E.D.? Yes No
2. Have you ever been expelled or suspended from a school or other type of educational institution? Yes No
If Yes, please explain: _____
3. Are you currently working for any Fire, EMS or police agency? Yes No
If Yes, please explain: _____
4. Do you currently have any Fire, EMS or police certifications? Yes No
If Yes, please provide the following information:

Certification	Date Obtained	Expiration Date	Location/Institution

5. Have you ever had a professional certification/license suspended or revoked? Yes No
If Yes, please explain: _____
6. Do you have an active application for employment or volunteer service on file with any other Fire, EMS, or police agency? Yes No
If Yes, please provide the following information:

Agency	Position Applied for	Status of Application

7. What machines or equipment can you operate that are related to the job for which you are applying? _____

8. Have you ever served in the military? Yes No
 If Yes, please provide the following information:

Dates of Service	Training and Experience Received During Military Duty

DRIVER'S LICENSE & DRIVING RECORD

1. The position to which you are applying requires a valid Colorado driver's license, or you must be able to obtain a valid Colorado drivers license within 30 days of membership. Do you have a valid Colorado driver's license? Yes No
 Drivers License # _____ Class _____

2. If your answer to the preceding question is "No", would you be able to obtain a valid Colorado driver's license within 30 days of membership? Yes No

3. Has you driver's license ever been suspended/revoked? Yes No
 If yes, give details: _____

4. Have you been convicted of, or plead no contest to, any illegal drug or alcohol offense related to the operation of a vehicle under the laws of any State since you first obtained a driver's license? Yes No
 If yes, please explain: _____

5. Provide the following information for any traffic accident(s) in which you have been involved while driving any type of vehicle:

Accident Date	Location (City & State)	Description of Accident	Who was at Fault?

6. Please list all traffic offenses of which you have been convicted or to which you plead no contest within the last 10 years:

Date of Conviction/No Contest Plea	Location (City & State)	Description of Traffic Offense

AUTHORIZATION & CONSENT FOR RELEASE OF INFORMATION

This application is not complete and will not be considered by the District unless you complete, sign and submit with this Application the *Authorization and Consent for Release of Information* posted on the District's website.

DRUG & ALCOHOL POLICY - POST-CONDITIONAL OFFER TESTING

1. Are you currently using, or have you ever used, an illegal drug? Yes No
("Illegal drug" means any substance that is illegal in the United States under any applicable law, or any substance defined as a controlled substance in C.R.S. §12-22-303, et seq. and the controlled substances is being possessed, sold or used illegally.)
2. By signing this application, you acknowledge the District has a drug and alcohol policy, and agree to comply with that policy, including undergoing a drug test if the District makes a conditional offer of membership to you. You further acknowledge and agree that if you fail, or refuse to submit to, the drug test, you will not be eligible for membership with the District. You further understand that certain over-the-counter medications or prescribed drugs may result in a positive test result, and agree that you will disclose over-the-counter medications or prescribed drugs you are currently taking or have taken within the past thirty (30) days. You further agree to sign and submit with this application the District's *Post-Conditional Offer Consent to Drug Testing and Authorization to Release Medical Information* posted on the District's website.

APPLICANT'S CERTIFICATION & SIGNATURE

I certify that the answers given in this application, including any documentation submitted with or in connection with, this application are true and complete.

Signature of Applicant

Date

**POST-CONDITIONAL OFFER CONSENT TO DRUG TESTING
& AUTHORIZATION TO RELEASE OF MEDICAL INFORMATION**

I have applied for membership with the Nederland Fire Protection District (“District”). I understand that if the District makes a conditional offer of membership to me, I must pass a drug test. In furtherance of my application for membership with the District, I hereby voluntarily and of my own free will agree to the following:

1. Upon notification by the District, I will immediately submit to, and fully cooperate with a drug test by the District’s designated testing facility (“Testing Facility”).
2. I expressly consent to the Testing Facility taking one or more urine samples to test for illegal drugs and/or controlled substances (“Samples”).
3. I expressly authorize the Testing Facility to release the results of any test performed on the Samples to the District’s Fire Chief.
4. Unless I revoke this Authorization earlier, it will expire one (1) year after the date I sign it. I understand that if this information is disclosed to the District, the information may no longer be protected by the federal privacy regulations and may be redisclosed and used by the District in accordance with Federal and State law.
5. The Health Information, including any Protected Health Information, authorized by me to be disclosed may be released and disclosed to the District’s Fire Chief for use in connection with my application for membership.
6. I hereby release and hold harmless the District, and its past and present Directors, officers, employees, agents and representatives, and any individual or entity taking, testing and reporting upon the Samples authorized by this Authorization, 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, negligent or intentional infliction of emotional distress, membership 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.
7. Colorado law governs this Authorization. If any provision is held invalid or unenforceable, all other provisions shall continue in full force and effect. I agree that in any dispute arising from or relating to this Authorization, the prevailing party shall be awarded its/his/her reasonable attorney’s fees, costs and expenses, including any attorneys’ fees, costs and expenses incurred in collecting upon any judgment, order or award. This Authorization may be executed in several counterparts and by facsimile, each of which shall be deemed an original and all of which shall constitute one and the same instrument.
8. I have carefully read this Authorization and voluntarily agreed to its terms and conditions.

Date:

Applicant