



GYPSUM FIRE PROTECTION DISTRICT VOLUNTEER APPLICATION

REVISED 02/2009



PERSONAL INFORMATION

NAME: _____ DATE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOME PHONE # _____ E-MAIL ADDRESS: _____

CELL PHONE # _____ CELL SERVICE PROVIDER _____

DRIVERS LICENSE # _____ STATE: _____ EXP DATE: _____

VEHICLE INSURANCE CARRIER: _____

INSURANCE POLICY NUMBER: _____

PRESENT EMPLOYER: _____

EMERGENCY CONTACT PERSON: _____

PHONE # _____ ADDRESS: _____

DOCTOR: _____ PREFERRED HOSPITAL: _____

FIRE CERTIFICATIONS: _____

MEDICAL CERTIFICATIONS: _____

PREVIOUS FIRE/MEDICAL EXPERIENCE: _____

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENSE IN THE PAST 5 YEARS?

YES: NO: IF YES EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: NO:

IF YES EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF ANY TRAFFIC VIOLATIONS IN THE PAST 5

YEARS? YES: NO: IF YES EXPLAIN: _____

NOTE: INFORMATION CONTAINED IN THIS APPLICATION IS PERSONAL IN NATURE AND WILL BE USED FOR EVALUATION FOR MEMBERSHIP IN THE GYPSUM FIRE PROTECTION DISTRICT. THIS FORM WILL BECOME PART OF AN INDIVIDUAL PERSONNEL RECORD.

I, _____ (PRINT NAME), AUTHORIZE THE GYPSUM FIRE PROTECTION DISTRICT TO CONDUCT A BACKGROUND INVESTIGATION TO INCLUDE OBTAINING COPIES OF ANY CRIMINAL AND DRIVING RECORDS. I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

CRIMINAL HISTORY: _____ **INSURANCE FORM COMPLETE:** _____

DRIVING RECORD: _____ **P.P.E. ISSUED:** _____ **DATE:** _____

SOG'S ISSUED: _____ **CONTRACT SIGNED:** _____

APPLICATION ACCEPTED **DENIED** **REASON:** _____

SIGNATURE OF DEPARTMENT REPRESENTATIVE: _____

ATTACHMENT DATE: _____