

Volunteer Application District Check List

Application / Pre-Membership

****Complete in this order. NO EXCEPTIONS!****

- Completed Volunteer Application and turn into Administration
 - Background Check Authorization
 - Qualification Checklist
 - Ride-A-Long Program and Release of Liability
 - IT Form / EC Alert / ID Card Information

- **ADMINISTRATIVE**** New Hire Checklist
 - *Background check is sent

- Familiarization period / Time Tracking Sheet *****No Gear Issued*****

- Internal application review _____ (Lt. Jake Best, Chief Kennedy is back-up)
 - *Send entire application and background results to Lt Jake Best for review

Recommended for: Candidacy Membership Denial of Application

Candidacy Membership Starts

- Employee Action Form (Start Date and Employee #)
- Issue Employee Handbook
- Department Physical
 - Fit for duty
 - Not fit for duty

- Issue Candidate Task Book and meet with Training Officer (Lt. Chris Shannon)
- Issue PPE / Candidate Uniform (All Gear/Uniform Forms Complete)
 - Issue gear locker
- Computer Access/Scheduling/Reporting System
 - Emergency Reporting (Capt. Jones or Lt. Best)
 - Crewsense (Capt. Jones or Lt. Best)
 - Email and District Computer Login (Chief Kirkland)
 - Building Access (Fire Marshal Cohen)

After 6 months of candidate membership

- Candidate Task Book should be complete and turned in before end of 6 months
- Chief briefed on recruit results from Command Staff
- Badges and full uniform are issued

Black Leather Helmet Front issued

- Full Membership
- Extended Probationary Period
- Removal from District

Other Comments

VOLUNTEER OFFICER SIGNATURE
LT. JAKE BEST

DISTRICT CHIEF SIGNATURE
CHIEF DOUG CUPP

**GREATER EAGLE FIRE PROTECTION DISTRICT
EMPLOYMENT APPLICATION**

We are an equal employment opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other status which may be protected by Federal, State or local law.

Please complete the application in its entirety and be as accurate as possible. Be sure to print legibly and use ink.

Basic Information

Position(s) Applied for: _____ Application Date: _____

I am interested in: Volunteer Firefighter Professional Firefighter Full Time Part Time Temporary employment
 Other

If hired, I am available to start work on: _____

Last Name	First Name	Middle Initial	Telephone Number	Email Address
Address	City	State	Zip Code	

How Did You Hear About Us?

Employee Referral _____ Other _____

If hired, can you provide proof that you are legally eligible to work in the United States? Yes No

Are you 18 years of age or older? Yes No
 (If no, proof of age may be required prior to starting work)

Have you applied with this company before? Yes No If Yes, please indicate when: _____

Have you ever worked at this company? Yes No If Yes, please indicate when: _____

Have you ever been convicted of a crime? Yes No If Yes, explain _____
 (A conviction will not necessarily disqualify you for consideration)

Do you have a valid driver's license? Yes No
 (For driving positions only)
 Driver's License Number _____ Class of License _____ State License In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No
 If yes, give details: _____

Have you ever been asked to resign or been fired from a job? Yes No If Yes, explain: _____

Education and Applicable Skills

	Institution Name and Contact Information	Graduated: Yes or No	Diploma/Degree or Certificate	Subject or Major
High School or GED				
Technical or Vocational				
College or University				
Other:				

List any academic honors, professional, trade or business activities and offices held. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any additional skills, training, certifications, licenses etc you may have that relate to the job you are applying for:

Employment Information

Include your employment information beginning with your current or most recent employer first. Do not exclude employment and be sure to account for all periods of time; including unemployment, self-employment, and military service.

Job offers may be contingent on acceptable references from current and previous employers.

Company Name	Dates of Employment (month/year): From _____ To _____
Address, City, State, Zip Code	Wage/Salary: Starting \$ _____ per _____ Final \$ _____ per _____
Telephone Number	Job Title and Duties
Supervisor(s) Name	Reason for Leaving Employment
Company Name	Dates of Employment (month/year): From _____ To _____
Address, City, State, Zip Code	Wage/Salary: Starting \$ _____ per _____ Final \$ _____ per _____
Telephone Number	Job Title and Duties
Supervisor(s) Name	Reason for Leaving Employment
Company Name	Dates of Employment (month/year): From _____ To _____
Address, City, State, Zip Code	Wage/Salary: Starting \$ _____ per _____ Final \$ _____ per _____
Telephone Number	Job Title and Duties
Supervisor(s) Name	Reason for Leaving Employment

Reference Information

Please provide three references who are not former employers or relatives, who can provide professional reference information.

Name	Contact Information	Relationship	Years Known

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING AND SUBMITTING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is true and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I hereby consent and understand that I may be required to submit to a pre-employment medical examination, a pre – and/or post-employment drug screen and background check as a condition of employment, if required. I understand that unsatisfactory results, refusal to cooperate with, or any attempt to affect the results of these pre/post employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all former employers, references, schools, courts and any others whether listed or not to provide relevant information that may be useful in making a hiring decision. I release all parties involved from any and all legal liability in providing such information.

I UNDERSTAND THAT SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE EMPLOYMENT. I FURTHER UNDERSTAND THAT, THIS APPLICATION, VERBAL STATEMENTS MADE BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. I FURTHER UNDERSTAND THAT SHOULD AN OFFER OF EMPLOYMENT BE EXTENDED THAT EMPLOYMENT IS AT WILL, FOR NO SPECIFIED DURATION AND MAY BE TERMINATED BY EITHER THE COMPANY OR MYSELF AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF COMPANY EXCEPT THE PRESIDENT HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT GUARANTEEING ANY CONDITIONS OF EMPLOYMENT OR ANY AGREEMENT CONTRARY TO THE FOREGOING STATEMENTS AND THAT ANY SUCH AGREEMENTS MUST BE MADE IN WRITING AND SIGNED BY THE PRESIDENT OF THE COMPANY.

By signing I acknowledge that I have read, understand and agree to these statements. _____
Signature Date

IT Form / EC Alert / ID Card Information

Date of Birth (MM / DD / YYYY): _____

Height (#' ##"): _____ Weight (lbs): _____

Hair Color: _____ Eye Color: _____

Blood Type: _____

Allergies: _____

4 Digit Door Code: _____ (pick a 4 digit code you can remember to gain access to the station after hours)

Employee Number (to be filled out by ADMIN): _____

EC ALERT/ ROAM SECURE is an alert notification system to immediately contact you during urgent or emergency situations with useful information and updates by sending text messages to your devices:

* E-mail account (work, home, school, other)

* Cell phone, Smartphone, PDA, and other handheld devices

Please indicate to what device you would like EC Alert to go to.

Email: _____

Cell Phone Number: _____

Carrier (i.e. AT&T, Verizon, Sprint): _____

*You are responsible for data/text charges

iPAGE - The Vail Public Safety Communications Center is the multi- discipline public safety communications center, serving all of Eagle County.

The Communications Center Serves as the public safety answering point for 9-1-1 calls originating from all Eagle County telephone exchanges. These calls can range from life or death assistance, to requests for road conditions, to animal control calls. As each call is received the dispatcher makes a determination as to the urgency of the call and jurisdiction responsible for responding to the call, and takes action on it. The Communication Center dispatches directly for the following thirteen public safety agencies.

In order to receive iPage please indicate how you would like to receive the notifications:

_____ Personal Cell Phone Text

_____ Email

To be filled out by ADMIN

Email and Computer Login

Username: _____

Temporary Password: Station9!

To remotely log into Outlook go to <https://outlook.office365.com>

Emergency Reporting Username: _____

ER Password: Station9!

To log into Emergency Reporting go to <https://secure.emergencyreporting.com/login>

CrewSense Username : (District Email)

Crewsense Password: Station9!

To log into CrewSense go to: <https://crewsense.com/Application/Login>

Qualifications Checklist - Check all that apply and provide copy of certification

Structural

- Firefighter
- Firefighter I
- Firefighter II

Medical

- CPR
- First Responder
- EMT – B
- EMT – I
- EMT – P

Haz-Mat

- Awareness
- Operations
- Technician
- Specialist
- Incident Commander

Wildland

- Firefighter 2
- Firefighter 1
- Crew Boss
- Strike Team Leader
- Division/Group Sup
- Engine Boss
- Sawyer
- Dozer Boss
- Urban Interface (S-203)

Rescue

- Swift Water
- Still Water
- Low Angle
- High Angle
- Avalanche
- Confined Space
- Cave
- Aircraft
- Ice

Command

- Type I Safety
- Type II
- Type III
- Type IV
- Operations
- Planning
- Logistics
- Finance / Admin
- Public Information

ICS certifications: 100 ____, 200 ____, 700 ____, 800 ____

Driver / Operator

- Utility Squad Pumper Aerial

Other: _____

**BACKGROUND CHECK DISCLOSURE & AUTHORIZATION for:
Greater Eagle Fire Protection District
DISCLOSURE**

The "Organization" above and our agent **Background Information Services, Inc. ("BIS")** located at **1800 30th Street, Ste 204, Boulder, CO 80310, (800) 433-6010**, may order, prepare, report, obtain, and review consumer reports about you for employment purposes, including without limitation for the purposes of evaluating you for employment, promotion, reassignment and retention, at any time prior to or during your employment and without providing any additional notice.

We may also order, prepare, report, obtain, and review investigative consumer reports through personal interviews with employers, supervisors, coworkers, clients, neighbors, friends, or associates, acquaintances, and others, as applicable, that may include without limitation, information about your character, general reputation, personal characteristics and mode of living, salary history, reason for termination, eligibility for rehire, and any disciplinary actions. You have the right to make a written request within a reasonable period of time for a free notice of the nature and scope of any investigative consumer report ordered. Such notice will be made in a writing mailed, or otherwise delivered to you not later than five days after the date such request was received or such report was first requested, whichever is the later.

A copy of "A Summary of Your Rights Under the FCRA" is attached hereto. You may have additional rights under state law.

NY & ME APPLICANTS ONLY: You have a right to know whether an investigative consumer report was requested and to inspect and receive a copy of any investigative consumer report by contacting BIS. By signing below you acknowledge receipt and understanding of the NEW YORK BACKGROUND CHECK NOTICE.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)			
Last Name		First Name	Middle Name
Social Security Number	Date of Birth (mm/dd/yy)	Other Names Used (maiden, married, AKA)	Dates Used
Drivers License Number	State of Issue	Other Names Used (maiden/married/AKA)	Dates Used (yr - yr)

ADDRESS HISTORY (PLEASE INCLUDE 7 YEARS OF HISTORY. Use reverse if necessary)			
1 Current Street Address	City	State	Zip Code
Date From (month/year)	Date To (month/year)	County (NOT Country)	
2 Previous Street Address	City	State	Zip Code
Date From (month/year)	Date To (month/year)	County (NOT Country)	
3 Previous Street Address	City	State	Zip Code
Date From (month/year)	Date To (month/year)	County (NOT Country)	

AUTHORIZATION

I acknowledge receipt and understanding of this BACKGROUND CHECK DISCLOSURE and A SUMMARY OF YOUR RIGHTS UNDER THE FCRA. I agree that a copy of this Authorization is as valid as the original.

I hereby authorize the Organization above and its agent BIS to order, prepare, report, obtain, and review consumer reports and investigative consumer reports about me for employment purposes at any time prior to or during my employment and without giving me any additional notice.

I authorize any and all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, courts, and governmental, law enforcement, military, driving record, licensing and certification agencies, and any other information source to provide all information requested to the organization above and BIS. I authorize any and all credit bureaus to provide my credit report to the organization above and BIS.

MN & OK APPLICANTS ONLY: Check box to receive a copy of any consumer report.

CA APPLICANTS ONLY: Check box to receive a copy of any consumer report/investigative consumer report. By signing below you acknowledge receipt and understanding of the CALIFORNIA BACKGROUND CHECK NOTICE.

Signature _____ Date _____ / _____ / _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
 - **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
 - **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
 - **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

General Safety Rules

1. Housekeeping is everyone's responsibility. Keep your area clean and orderly. Clean up and out equipment when finished
2. Be alert for and heed, all warning signs
3. Report any injury to your supervisor immediately.
4. Correct and report any unsafe conditions to your supervisor.
5. Appropriate clothing and footwear must be worn at all times.
6. Horseplay, practical jokes, fighting or other disorderly conduct which may endanger any employee or work operation will not be tolerated.
7. Never perform a task unless you have been trained to do so and are aware of the hazards associated with that task. Use personal protective equipment.
8. Practice safe work procedures. When in doubt about performing a task safely, contact your supervisor for instruction.
9. Make sure all fire exits, fire doors and bay doors are kept clear.
10. Smoking will not be permitted in the station.
11. Always perform your assigned task in a safe manner and proper manner.
12. Follow safe lifting practices as described in district's POP's.
13. Reckless or unsafe driving in any district vehicle regardless of situation will not be tolerated.
14. Safety will be the primary consideration in any district training, activity and emergency scene.
 - Willful or repeated violation of the district's safety policies by any employee will be subject to consequences according to GEFD's Safety Rule Violation Procedures.
 - I have read and understood the rules and consequences for violating Greater Eagle Fire District's safety rules and POP's.

SAFETY POLICY STATEMENT

It is the intent of Greater Eagle Fire District to provide the safest possible working conditions for employees.

It is our intention that no employee should perform any tasks that he / she believes is unsafe. Each employee will be responsible for their performance and adherence to the safety rules. It is each employee's responsibility to correct / report unsafe conditions immediately.

By signing below you recognize your responsibility to provide a safe and healthy working environment, to abide by all applicable regulations, to communicate the districts commitment to safety, to correct unsafe conditions in an expedient manner and to require a shared unqualified commitment from each employee.

Signature

Printed Name

Date

**GREATER EAGLE FIRE PROTECTION DISTRICT
RIDE ALONG PROGRAM WAIVER AND RELEASE OF LIABILITY**

READ IT CAREFULLY AND COMPLETELY BEFORE SIGNING

I, _____ residing at _____, acknowledge that I have requested permission from **GREATER EAGLE FIRE PROTECTION DISTRICT** ("District") to shadow District firefighters (the "Ride Along Program"). The Ride Along Program may include calls accompanying firefighters during emergency calls, and observing medical techniques, injury transports, road closures, 911 calls, inspections, car seat installations, crashes, incidents, alarms, implementation of the ICS System, in-house training, and participating in hands-on training and school functions and events. In consideration of being permitted to participate in the Ride Along Program, I state that I understand such activities may be dangerous both physically and mentally and understand that I run the risk of physical injury, both internal and external, temporary or permanent, or the risk of death, and may run the risk of developing mental stress. I agree to abide by all rules of the District and all instructions of firefighters and understand and acknowledge that failure to comply with such rules, regulations and instructions will result in my dismissal from the Ride Along Program.

1. Assumption of Risk. I have independently reviewed the risks and determine to participate in the Ride Along Program with full knowledge and acceptance of the risks. Fully understanding these risks, I, my spouse, legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of injury (including death), or property damage which may result from participation in the Ride Along Program.

2. Release. I, for myself, my spouse, legal representatives, heirs and assigns, hereby waive, release, and discharge the District, its officials, employees, volunteers, attorneys, and agents (hereinafter the "District") from any and all liability to me, my spouse, legal representatives, heirs, and assigns, for any and all losses or damages resulting therefrom, on account of any injury to myself, even injury resulting in death, or to my property, whether caused by negligence of the District or otherwise, which claims, losses, and demands arise during or result directly or indirectly from my participation in the Ride Along Program.

3. Indemnification. I agree to fully indemnify and hold harmless the District from any and all losses, liabilities, damages, or costs, including reasonable attorney's fees, which may be incurred as a result of injuries to myself, the District or other parties or persons, which arise from participation in the Ride Along Program, whether any such loss or liability was caused by the negligence of the District or otherwise and for any acts or conduct on my part.

4. Extent of Release. I further state that I am over eighteen (18) years of age: that I carefully read the foregoing Release, and know the contents thereof, and that I sign as my own free act. I expressly agree that this Release is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion of this Release is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Print Name

Signature

Date