

---

**DONALD WESCOTT FIRE PROTECTION DISTRICT**  
**APPLICATION FOR VOLUNTEER MEMBERSHIP**

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/ZIP: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Do You have a current Colorado Driver's License ? Yes \_\_\_\_ No \_\_\_\_  
Drivers License Number \_\_\_\_\_ State issued \_\_\_\_ Expiration Date \_\_\_\_\_  
Social Security Number \_\_\_\_\_

=====

EMPLOYMENT: List last two employers or employer for past 5 years.

Occupation:  
\_\_\_\_\_

Employer:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Work shift:  
\_\_\_\_\_

(Weekdays only, nights, weekends, shifts, etc.)  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Can you leave your job to respond to an emergency call? \_\_\_\_\_  
Occupation:  
\_\_\_\_\_

Employer:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Work shift:  
\_\_\_\_\_

=====

PREVIOUS FIRE DEPARTMENT AND/OR EMERGENCY MEDICAL  
EXPERIENCE:

Agency Name:

---

Address:

---

Position:

---

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Agency Name:

---

Address:

---

Position:

---

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

---

---

PERSONAL INFORMATION:

Years Lived in Colorado Springs area: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Next of kin:

---

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address:

---

City, State, ZIP:

---

---

---

EDUCATION:

High School Name:

---

Graduate? \_\_\_\_\_ If yes, year: \_\_\_\_\_ If no, GED? \_\_\_\_\_

College Name:

---

Course: \_\_\_\_\_ Graduate?: \_\_\_\_\_ Degree: \_\_\_\_\_

College Name:

Course: \_\_\_\_\_ Graduate?: \_\_\_\_\_ Degree: \_\_\_\_\_

EMT Certified? No: \_\_\_\_\_ Yes: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Other fire or medical training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====

**MEDICAL:**

Height: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_

Allergies:

\_\_\_\_\_  
Do you have any physical conditions, medical history, or history of mental conditions  
which could limit your

performance as a firefighter or medical care provider? \_\_\_\_\_

If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

=====

**LEGAL:**

Have you ever been convicted of a felony?: \_\_\_\_\_

If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I specifically grant the Donald Wescott Fire Protection District permission to obtain my driving record and my criminal history. If accepted as a member it will be necessary to supply the fire department with my Social Security number and Driver's License number.

Further, I certify that all of the information furnished on this form is true, complete, and correct to the best of my knowledge. I understand that all information is subject to verification by the Donald Wescott Fire Protection District.

False information is cause for rejection of application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====

FOR DEPARTMENT USE ONLY:

Date accepted on candidate status: \_\_\_\_\_ Officer: \_\_\_\_\_

Date accepted as probationary member: \_\_\_\_\_ Officer: \_\_\_\_\_

Date accepted as full member: \_\_\_\_\_ Officer: \_\_\_\_\_

Date rejected: \_\_\_\_\_ Officer: \_\_\_\_\_ Reasons: \_\_\_\_\_