Dear Prospective Member,

Thank you for your interest in Hartsel Fire Protection District. Our organization has proudly served Park County since 1970 with the help of volunteers just like yourself.

Each year, the HFPD conducts new membership recruiting for prospective members. After submission of this application, the following will be conducted:

* Driving record and criminal background check
* Physical agility
* Oral interview

Applicants who successfully complete all portions will become probationary members of the organization.

Please look over the attached information and complete it accurately for consideration at our next testing session. After completion of this application, please return it to either Chief Brian Cook at chief@hartselfire.org or Executive Assistant Melissa Kash at admin@hartselfire.org or can be dropped off at HFPD Headquarters 131 Elm Street, Hartsel, CO, 80449. You will receive confirmation when the driving record and criminal background check have been completed to schedule your physical agility test and interview.

Thank you again for your interest and good luck!

Sincerely,

Brian Cook, Fire Chief

Hartsel Fire Protection District

**Volunteer Firefighter Application Information Packet**

**Recruitment Calendar**

**Applications Due:** For inclusion in the Fall Fire Academy, applications must be submitted no later than August 1st.

Physical Ability Testing and Interview: Candidates will be contacted within two weeks of completion of driving and background check

**Packet Contents**

 Letter From Chief

 Calendar, Contents, Returned Item Check List

 Job Description and Essential Functions Notice

 “Do you have what it takes?”

 Probationary Year Requirements

 Candidate Physical Ability Test Description and Waiver

**Submission Checklist**

**All of the following must be turned in together with the application.**

 \_\_\_\_ Completed Membership Application

 \_\_\_\_ Criminal Background Check Authorization

 \_\_\_\_ Permission for Release of Driver’s License History Check

 \_\_\_\_ Candidate Physical Ability Test Description and Waiver

**Job Description and Essential Functions**

**General Statement of Duties**

1. All firefighters shall respond to fires, rescues, hazardous materials incidents, and medical emergencies as released to do so.
2. All firefighters shall attend meetings, and trainings, and make themselves available for special events whenever possible.
3. All firefighters shall perform truck inspections as assigned and assist in ensuring all apparatus are in ready condition at all times.
4. All firefighters shall assist in providing fire safety education to the public.

**Supervision Received**

All firefighters shall work under the supervision of an assigned officer and the chain of command as stated in the HFPD Policy Manual

**Supervision Exercised**

Firefighters will take a leadership role with newly appointed members and be mentors if assigned by higher ranking member.

**Membership Requirements**

* Minimum 18 years of age or 15 years of age Junior Firefighter Program
* Must be able to speak, write, and comprehend the English language
* Must PASS a driving/criminal background check
* Must have and maintain a current valid Colorado Driver’s license
* Must have and maintain minimum insurance coverage on their personal response vehicle

**Essential Functions**

* ALL firefighters shall be able to perform all physical skills related to firefighting and associated duties
* ALL firefighters shall perform firefighting procedures in accordance with all state and national protocols, department policies and standard operating procedures (SOP’s).
* ALL firefighters shall respond to no less than ten (10) percent of dispatched calls
* ALL firefighters shall attend no less than 20 hours of training per quarter
* ALL firefighters shall perform truck and station duty as assigned by their officer. They will also be available to assist with preparing trucks for special events, sever weather, and ensuring all apparatus are in ready condition after incidents.
* ALL Firefighters shall fill out necessary reports and sign their name for attendance within (5) days of an incident
* ALL firefighters will have the ability and availability to attend optional education/trainings throughout their volunteer career.
* ALL Firefighters shall maintain their issued personal protective equipment per HFPD’s SOP’s.

**Minimum Mandatory Qualifications**

* Completion of New Member Task book (within 4 months of acceptance)
* CPR/AED
* NIMS ICS 100, 200, 700, 800
* NWCG S130/190 and L180 Wildland Fire certification
* Exterior Firefighter qualifications (within 12 months of acceptance)

**Desired Education**

* DFPC Firefighter I / Hazardous Materials-Operations certifications

**Optional Education**

* Firefighter II
* Hazardous Materials-Technician
* EMT-Basic
* Driver Operator / Engineer
* Officer Development

**Communication**

All firefighters will follow the chain of command stated in the HFPD Policy Manual

(e.g. Firefighter>Lieutenant>Captain>Assistant Chief>Chief)

**Do you have what it takes to be a Volunteer Firefighter?**

**Some things that you may not have thought about:**

* **Studying at home**
* **Accidents** that may involve people you know and things you have never thought of.
* **Fires –** every type imaginable & in every kind of weather conditions.
* **Meetings and trainings -** expect to spend every Wednesday evening at the station.
* **Extra Training –** in addition to meetings and regular trainings
* **Equipment upkeep –** regular maintenance that everyone helps with (truck and station up keep)
* **Hazardous material cleanup**
* **Emergency Medical Calls**
* **Learn CPR**
* **Assist Parks and Wildlife**
* **Wildland Fires**
* **Body Recoveries**
* **Pages in the middle of the night**
* **Traffic Control**
* **24 hours a day/ 365 days a year including holidays**
* **Mutual aid –** to surrounding departments anytime they need us.
* **Extreme physical and mental demands.**
* **Fire Prevention week**
* **Suicide Calls**
* **Hose Washing**
* **Whatever the public needs –** if we can help, we do

**Probationary Task Book**

To start riding on emergency apparatus and claiming the title of “firefighter” with Hartsel Fire Protection District, a probationary member must complete ALL of the following criteria within their first four months.

**Apparatus Familiarization**

* Rescue 71
* Engine 71
* Tender 71
* Engine 712
* ALL Rigs at your assigned station

**Communications (Radio) and Dispatch Class**

* Communications/Radio Hands-On class
* NFPA 1001 Fire Department Communications
* NFPA 1021 Incident Scene Communications
* 4 hours of training at Fairplay Dispatch Center

**Completion of Annual OSHA Training**

* Alcohol-Free Workplace
* Drug-Free Workplace
* Sexual Harassment Awareness
* Workplace Violence

**Courage to be safe**

* Courage to be safe(online)

**CPR**

* CPR/BLS Healthcare Provider Card

**Medical Call Response**

* Medical Call Understanding

**NIMS 100, 200, 300, 400 (online)**

* NIMS ICS 100
* NIMS ICS 200
* NIMS ICS 700
* NIMS ICS 800

Completion of the probationary task book will permit members to ride on department apparatus and participate in more advanced training, such as the Firefighter Academy.

**Candidate Physical Test**

**Instructions**

* Complete all of the following events within continuous motion.
* This is a pass/fail test. Failure to complete any event or without continuous motion will be a failure of the test.
* You will be given two warnings to not run between events. Running a third time will be a failure of the test.
* Clothing: 50-pound weight vest (provided), appropriate clothing, appropriate shoes.
* Vitals will be taken before you start and after completion of the physical

**Ladder Climb**

Climb a ladder to the second-floor roof and climb back down. Always maintain three points of contact and continuous motion.

**Charged hose drag**

Deploy 150’ of 1.75” charged hose line and place the nozzle across the line

**Equipment Carry**

Pick up and carry the TNT combi tool 100’ and place it across the line

**Ladder Raise**

Flat raise a 24’ ladder into a building

**Halyard Raise**

Raise the halyard of a 24’ extension ladder attached to the side of the building in a hand-over-hand motion until marks line up then lower the ladder in a hand-over-hand motion.

**Victim Drag**

Drag 150 LB victim 50’ placing the victim across the line

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the standards for the physical ability test. I also understand that I am taking the test at my own risk.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Application for Membership |  |  |  |  |  |
| **Personal Information** |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| Name: |   |   |   |   |   | DOB: |   |   |
|  | Last |  | First |  | MI |  |  |  |
| Address (mailing): |   |   |   |   |   |   |   |
|  |  | Street |  |  | City |  | State | Zip |
| Address (physical): |   |   |   |   |   |   |   |
|  |  | Street |  |  | City |  | State | Zip |
| Phone: |   |   |   |   |   |   |   |   |
|  | Home |  | Work |  | Cell |  | Cell Carrier |  |
| Email Address: |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Spouse's Name: |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Emergency Contact: |   |   |   |   |   |   |   |
|  |  | Name |  |  |  | Relationship |  | Home Phone |
|  |  |   |   |   |   |   |   |   |
|  |  | Address |  |  |  | Work Phone |  | Cell Phone |
| Known Allergies: |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| **Firefighting Experience** |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Organization: |   |   |   | Position: |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Address: |   |   |   |   | Service Dates: |   |   |
|  |  |  |  |  |  |  |  |  |
| Phone: |   |   |   |   | Supervisor: |   |   |
|  |  |  |  |  |  |  |  |  |
| Duties/Skills: |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Reason for Leaving: |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Firefighting Training: |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| **Employment** |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Employer: |   |   |   |   | Position: |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Address: |   |   |   |   | Supervisor: |   |   |
|  |  |  |  |  |  |  |  |  |
| Phone: |   |   |   |   | Employment Dates: |   |   |
|   |   |   |   |   |   |   |   |   |
| Duties: |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| May we contact them? |   | Are you able to leave work in the event of a call? |   |
|  |  |  |  |  |  |  |  |  |
| **References** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Please list 2 people who are not related to you, and whom you have known for at least 1 year. |  |
|  |  |  |  |  |  |  |  |  |
| Name: |   |   |   | Name: |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Address: |   |   |   | Address: |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Telephone: |   |   |   | Telephone: |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Email: |   |   |   | Email: |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| Relationship: |   |   | Relationship: |   |   |   |
|  |  |  |  |  |  |  |  |  |
| **Driving Record / Background** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Do you have a valid Colorado driver's license? |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| License#: |   |   |   | State: |   | Class: |   |   |
|  |  |  |  |  |  |  |  |  |
| Have you ever had your license suspended or revoked? |   |   |  |  |
|  |  |  |  |  |  |  |  |  |
| If yes, explain: |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
| May we check your motor vehicle report (driver's history)? |   |   |  |  |
|  |  |  |  |  |  |  |  |  |
| May we check your criminal history report? |   | Social Security #: |  |  |
|  |  |  |  |  |  |  |  |  |
| **Applicant Statement of Understanding** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| I certify that all statements on this application are true and complete. I understand that false statements on this application shall be considered a sufficient reason for the rejection of my application or termination of a volunteer agreement. The Hartsel Fire Protection District is authorized to make any investigation regarding past employment or volunteer history. I understand that firefighting activities are inherently dangerous. I accept the responsibility for my own safety. I also understand that as a volunteer firefighter, there will be considerable time commitment required from me. In the event that I am placed as a volunteer with the Hartsel Fire Protection District (HFPD), I agree to comply with all of its orders, rules, and regulations, as outlined in the policy manual and standard operating procedures. I understand that I am insured by worker's compensation insurance while performing duties as a volunteer firefighter. I hereby release the Hartsel Fire Protection District, its officers, employees, and agents from any and all claims, damages, and liability, including claims of personal injury and property damage arising from my participation in the HFPD. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Signature: |   |   |   | Print Name: |   | Date: |   |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Spouse's Statement of Understanding** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| I understand that firefighting activities are inherently dangerous. I also understand that as a volunteer firefighter, there will be a considerable time commitment required from my spouse. I support my spouse's decision to become a member of the Hartsel Fire Protection District. |
|  |
|  |
| Signature: |   |   |   | Print Name: |   | Date: |   |  |

**Criminal Background Check**

**Please complete the following information:**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Hartsel Fire Protection District to perform a criminal background check.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |   |   |   |   |   |   |   |   |
|  | First |  | middle |  | Last |  | Maiden |  |

Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the Hartsel Fire Protection District to conduct a criminal background investigation with the understanding that any felony convictions found will become a matter of public record. I further understand and acknowledge my rights under federal privacy laws, including the Privacy Act of 1974 with respect to access and disclosure of information and herby waive such rights with the understanding that any and all information furnished will only be used in connection with consideration of this application.

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

**For internal staff use**

CBI Check performed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date CBI check performed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results of Check: