



Application for Membership



LYONS FIRE PROTECTION DISTRICT
VOLUNTEER APPLICATION
 PO BOX 695, 251 Broadway
 Lyons, CO 80540
 Ph: 303-823-6611, Fax: 303-823-5568

Please mark the box beside which position you are applying for:

REGULAR MEMBER **NON-RESIDENT MEMBER** **RESERVE** **CADET**

The LFPD is an equal opportunity agency. It is the policy of the fire district not to discriminate in accordance with the requirements of applicable state and federal laws, on the basis of race, creed, color, religion, national origin, sex, veteran status, ancestry, disability, or marital status. NOTE: Incomplete application, and applications submitted without all requested documentation/paperwork will not be considered for membership.

Date: _____ Name: _____ Soc. Sec. No. _____

Birth Date: _____ Mailing Address: _____

State: _____ Zip: _____ Email: _____

Phone No. () _____ Alt. Phone No. _____

Spouse Name: _____ Spouse Date of Birth: _____

Emergency Contact Information:

Contact Name: _____ Phone: _____ Alt Phone: _____

Family Doctor Name/Phone: _____

Please list any Police, Fire and/or Medical agencies that you have been a member of:

<u>Agency</u>	<u>Dates</u>	<u>Reason for leaving</u>	<u>Phone</u>

Please list the last five years of residence:

****Please use additional paper if needed DO NOT omit information due to space provided.**

1) Present Physical Address: _____

City: _____ State: _____ Zip: _____

Landlord: _____ Phone: _____

2) Physical Address: _____

City: _____ State: _____ Zip: _____

Landlord: _____ Phone: _____

RELATED TRAINING/EDUCATION:

<u>School & Address</u>	<u>Type of School</u>	<u>Area of Study</u>	<u>Type of Certificate/Degree</u>	<u>Did you graduate?</u>

PLEASE LIST PAST FIVE YEARS OF WORK EXPERIENCE:

*****Please use additional paper if needed DO NOT omit information due to space provided.***

<u>Primary Duties</u>	<u>Employer/Supervisor</u>	<u>Start/End Dates</u>	<u>Phone/Alt Phone</u>	<u>Reason for Leaving</u>
			1) 2)	
			1) 2)	
			1) 2)	
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			1) 2)	

Why do you wish to become a volunteer?

What skills do you have that will benefit our agency?

GENERAL: If you answer yes to any of the below questions, please provide an explanation on a separate sheet of paper and attach to your application. Include the violation type, date, and jurisdiction.

- Do you have any physical, sensory or mental handicaps that would hamper your performance in the job for which you are applying? Yes No
- Have you ever been convicted of any moving violation, misdemeanor, or felony? Yes No
- Have you ever been found in any proceeding to have violated any state or federal law or rule regarding the practice of a health care profession? Yes No

DRIVERS LICENSE INFORMATION: You must have a valid driver's license, and a copy on file with LFPD, in order to drive department vehicles.

Driver's license #: _____ State: _____ Expiration date: _____

