



# West Douglas County Fire Protection District

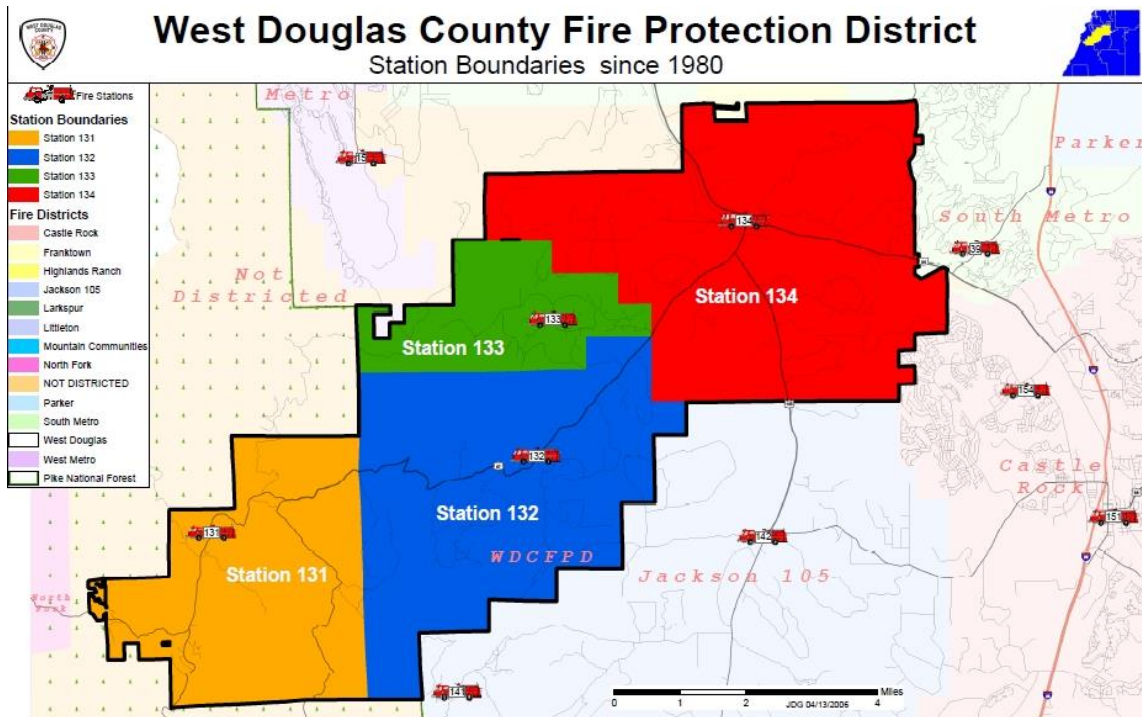
PO Box 408, 4037 Platte Ave, Sedalia, CO 80135  
(303) 688 6055

## Membership Application Package

Application steps:

- 1) Review the general volunteer requirements on page 2
- 2) Print out application, pages 3 through 7
- 3) Complete pages 3 through 5
- 4) Obtain a current Motor Vehicle Record from the Colorado Div. of Motor Vehicles
- 5) Attach any applicable and current training certificates
- 6) Present completed application (pp. 3-7) and DMV record to WDCFPD Station 134, 4037 Platte Ave, Sedalia, CO during normal business hours
- 7) Interview with WDCFPD Officer and complete page 6
- 8) Staff Approval ( generally first Monday of the month )
- 9) WDCFPD Board approval ( generally third Wednesday of the month )
- 10) Application Processing/Registration

**Note: Full membership requires completion of required training and one-year probationary period**





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Membership is generally for those who live or work within WDCFPD. On occasion, volunteers from outside of the district are hired.

## **General Volunteer Requirements**

- Age from 16 and older
- Good physical condition – Physical limitations can be accommodated
- All professions and education levels
- A good driving record / clean criminal record

**Initial Training Requirements** Within three years of your hire date you are *expected to complete* the following training courses:

- WDCFPD Orientation
- CPR for the healthcare provider
- VFIS Driver training
- S130/190 Basic Wildland Firefighter
- Hazardous Materials (Awareness level or above)

**On-going Training Requirements** To maintain a “good standing” status with the WDCFPD and to earn pension credit for every year served:

- You are required to attend 36 hours of approved training every calendar year.
- Regular 2-hour sessions are offered by the District and by each station every month.
- Credit for other fire and medical training may be approved by the Chief.

**Station Duty Requirements** Station duties are the routine tasks that must be performed on a regular basis to keep the WDCFPD and its equipment functioning. These include tasks such as:

- Cleaning your station and apparatus
- Maintaining tools and equipment
- Participating in WDCFPD committees.
- Public education/prevention classes
- Pre-planning structures
- Hose and hydrant testing

## **Junior Fire Fighters**

- Junior Fire Fighters may join at 16 and will remain at the Junior level until they turn 18.
- At age 18 the Junior Fire Fighter may proceed to the rank of Probationary Fire Fighter.
- A Junior Firefighter may not be put into life-threatening situations or drive emergency vehicles.



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## Application for Membership

Name ( Last, First, MI ) \_\_\_\_\_

Address \_\_\_\_\_

SSN \_\_\_\_\_ Gender \_\_\_\_ Birth Date ( MM/DD/YYYY ) \_\_\_/\_\_\_/\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Receive Text Y/N \_\_\_\_ Carrier \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Employment Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Past Fire/Rescue experience ( include where and when ) \_\_\_\_\_

Other related experience \_\_\_\_\_

- 1) I meet all the requirements for membership.
- 2) I am willing to take a physical exam if requested.
- 3) I authorize WDCFPD to conduct a background investigation.
- 4) I agree to return all equipment and gear immediately upon leaving WDCFPD.
- 5) I realize that there is some element of danger in firefighting, and understand that the WDCFPD, while committed to taking every possible precaution, cannot be held liable for injuries or damages sustained beyond those covered by District insurance for all members.

\_\_\_\_\_  
 Signature of Applicant Date

For Junior Member Applicants ( age 16 – 18 )

I realize that there is some element of danger in firefighting, and understand that the WDCFPD, while committed to taking every possible precaution, cannot be held liable for injuries or damages sustained beyond those covered by District insurance for all members.

Name of parent or guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTEER FIREFIGHTERS' DIVISION  
STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK  
485 MADISON AVENUE  
NEW YORK, NY 10022**

**BENEFICIARY DESIGNATION**

Fire Department Name \_\_\_\_\_ Social Security \_\_\_\_\_  
Name of Member/Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

**GROUP LIFE**                       **SERVICE AWARD**                       **ACCIDENT & SICKNESS**

I hereby designate as Primary Beneficiary and Secondary Beneficiary:

Primary Beneficiary (ies)		
Name	Relationship	Percentage

Percentage must total 100%

Secondary Beneficiary (ies)		
Name	Relationship	Percentage

Percentage must total 100%

New York Insurance Law Section 4216(b)(7) prohibits naming any organization or association of uniformed firemen, volunteer firefighters or volunteer ambulance workers, the commanding officer, or any of its officials as beneficiary of benefits to be paid under this policy.

I reserve the right to change this designation at any time.

\_\_\_\_\_  
Address of Member/Participant

\_\_\_\_\_  
Signature of Member/Participant

\_\_\_\_\_  
Date Signed

\*\* Please print clearly.

**General Conditions of Designation**

**This Designation of Beneficiaries may be changed by filing a new Designation. No Designation shall be effective unless filed with the Company (or Sponsor, if Service Award Program). Where more than one Primary Beneficiary has been designated, Distribution will be made in equal amounts. Unless otherwise indicated. Among those Primary Beneficiaries who are alive at the time of the member's/participant's death. If the designated Primary Beneficiary is not alive at the time of the member's/participant's death. He or she share will be added to the share of each surviving Primary Beneficiary in proportion that the share of each surviving Primary Beneficiary bears to the total share of all surviving Primary Beneficiaries. If no Primary Beneficiary is alive at the time of the member/participant's death. Distribution will be made on the same basis to designated Secondary Beneficiaries.**



**VOLUNTEER FIRE MEMBERSHIP FORM**

**INSTRUCTIONS** - Check one box below. Once completed, please return a copy of this form to FPPA at the address listed above.

- NEW MEMBER** - Complete the *entire* form including your signature below.
- CHANGES ONLY** - Complete Part A & D and any other information that you wish to change.
- TERMINATION DATE** - Complete Parts A, B & D only.

**Part A - General Information**

Male  
 Female

Social Security # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ Date of Birth (mo/day/yr) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Single  
 Married Spouse's Name \_\_\_\_\_ Spouse's Date of Birth (mo/day/yr) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Part B - Current Volunteer Department**

Name of your current volunteer department - city, town or district \_\_\_\_\_ FPPA City Code \_\_\_\_\_ - 5

Start Date (mo/day/yr) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Termination Date (mo/day/yr) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Part C - Volunteer Fire History**

Name of a former Volunteer department - city, town or district \_\_\_\_\_ from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (mo/day/yr) (mo/day/yr)

**Part D - Member Signature**

X \_\_\_\_\_  
 Your Signature

X \_\_\_\_\_  
 Witness to your signature  
 (someone other than your spouse)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date (mo/day/yr)

VFMF 10.12



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## Applicant/Officer Interview

### Applicant

- 1) I have read and understand the WDCFPD Manual of Rules and agree to comply
- 2) I have talked with the interviewing officer from WDCFPD about my ability to meet the required training hours and feel that I can meet these requirements

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

### WDCFPD Officer

- 1) I am an active member of WDCFPD, in good standing.
- 2) I am or have talked to the Station Captain where this applicant will be assigned.
- 3) I have talked to the applicant about the Manual of Rules and the amount of time required for this position.
- 4) I have reviewed the applicant's application and all paperwork has been submitted and completely filled out.

\_\_\_\_\_

Name of WDCFPD Officer

\_\_\_\_\_

Position

\_\_\_\_\_

Signature of WDCFPD Officer

\_\_\_\_\_

Date



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## For Department Use Only

**Office Manager:** Date received \_\_\_\_\_

**Chief:**

Station applicant will potentially be assigned: \_\_\_\_\_

Officer assigned to interview: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

**Interviewing Officer:**

Applicant meets requirements? \_\_\_\_\_ Understands hours required? \_\_\_\_\_

FPPA Membership (pension) form signed? \_\_\_\_\_ VFIS (insurance) form signed? \_\_\_\_\_

Motor Vehicle Record attached? \_\_\_\_\_ Interview Page signed by applicant and you? \_\_\_\_\_

Comments: \_\_\_\_\_

Applicant IS \_\_\_\_\_ IS NOT \_\_\_\_\_ recommended for membership?

Signature of interviewing officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Chief:**

Comments: \_\_\_\_\_

Applicant IS \_\_\_\_\_ IS NOT \_\_\_\_\_ recommended for membership?

Signature of Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**Board of Directors:**

Applicant IS \_\_\_\_\_ IS NOT \_\_\_\_\_ recommended for membership?

Signature of President: \_\_\_\_\_ Date: \_\_\_\_\_

**Chief:** Captain Notified? \_\_\_\_\_ Date: \_\_\_\_\_

**Captain:** Applicant Notified? \_\_\_\_\_ Date: \_\_\_\_\_

**Office Manager:** Date application filed: \_\_\_\_\_ Date placed on roster: \_\_\_\_\_

Pension Board Notified? \_\_\_\_\_ Door Code? \_\_\_\_\_ Supply Officer? \_\_\_\_\_

Email set up? \_\_\_\_\_ Paging set up? \_\_\_\_\_ Web Site Access? \_\_\_\_\_