

**CLIFTON VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP**

The Clifton Volunteer Fire Department does not discriminate in placement of volunteers on the basis of race, color, religion, national origin, age, sex, disability, sexual orientation, or any other basis on which discrimination is prohibited by federal, state, or local laws. No questions on this application for membership are intended to secure information to be used for such discrimination.

Personal (Please Print in ink)

Name _____ Date of Birth _____

Street Address _____ Telephone (home) _____ (work) _____ (cell) _____

City _____ State _____ Zip _____

Occupation _____

Employer _____ Phone Number _____

Are you at least 18 years of age? yes no Do you have current proof of Auto Insurance? yes no

Do you have a current Colorado Driver's license? yes no Driver's license number: # _____

Have you been convicted of a felony within the past five years? no yes (explain) _____

Designated person(s) to contact in the event of an emergency:

1. _____ Phone Number _____
2. _____ Phone Number _____

Training/Education

Please list training or experience, if any, you may have that pertains to firefighting or emergency medical services.

1. _____
2. _____
3. _____
4. _____

Availability

Please list the average number of hours per day you may be available for calls:

Monday thru Friday 8:00 am to 6:00 pm _____
 6:01 pm to 7:59 am _____
 Weekends _____

Agreement of Understanding

If accepted for membership on the Clifton Volunteer Fire Department, I hereby agree and understand that I will be required to receive a physical examination from the department's designated physician and will pay for this exam. I also understand that a driver's license history and criminal history check will be performed. Upon successful completion of the physical examination and a favorable driver's license and criminal history check and on active status with the department, I will be reimbursed for this expense. After successfully completing a six month probationary period, I will become a regular member with any and all benefits retroactive to the original date of acceptance. I also understand that any equipment that is issued to me by the department is department property and will be returned to the department on my departure from the organization. Any equipment not returned, I will be charged for the cost of the equipment and may be retained from any funds that may be due to me.

I have read the foregoing, and to the best of my knowledge my answers are true and correct. I have not knowingly misrepresented or withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that misrepresentation of any of the above may be cause for termination.

Signature _____ Date _____