



Kiowa Fire Protection District  
PO Box 321 ~ 403 County Road 45  
Kiowa, CO 80117  
Station: (303) 621-2233 ~ Fax: (303) 621-2690



## Application Instructions

Thank you for your application to become a volunteer at the Kiowa Fire Protection District. Please be sure to follow these instructions to be sure we can consider your application:

1. Application must be filled out completely.
2. Application must be signed and notarized where indicated.
3. Include with application copies of the following:
  - Proof of citizenship status (usually a birth certificate)
  - High school diploma, GED or college records
  - Military discharge DD-214 (if applicable)
  - Proof of any Emergency Services qualifications
  - Current motor vehicle record
  - Driver license
  - Immunization records

Bring the completed application and all supporting documentation to:

Kiowa Fire Protection District  
403 County Road 45  
Kiowa CO 80117

Or mail to:

Kiowa Fire Protection District  
PO Box 321  
Kiowa, CO 80117

We bring volunteers into our organization on an as needed basis and your application will be kept on file until we do. We will contact you with more information when we are ready to consider your application.

If you have any questions or would like additional information please call us at (303) 621-2233 or by email at [g.lamansky@kiowafire.com](mailto:g.lamansky@kiowafire.com)

Thank you,

Gerry Lamansky  
Fire Chief



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### Application for Volunteer Membership

Date of application: \_\_\_\_\_ SSN (optional): \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Name you prefer to be called: \_\_\_\_\_

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

City State Zip

Mailing Address: \_\_\_\_\_  
Post Office Box

City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Are you a US citizen: \_\_\_\_\_ If not, please explain: \_\_\_\_\_

#### **Fire Department Use Only**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Background Check By: \_\_\_\_\_ Date: \_\_\_\_\_

References Called By: \_\_\_\_\_ Date: \_\_\_\_\_

Interview Date and Time: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Recommendation: \_\_\_\_\_ Date: \_\_\_\_\_

Chief's Decision: \_\_\_\_\_ Date: \_\_\_\_\_

If Different, Explain: \_\_\_\_\_



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*Please list your last three employers starting present or last employer*

Name: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

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

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

Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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List all Emergency Services agencies you have been affiliated with:

Dates	Name	Address	Phone

List other relevant experience, training or education:

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**Military Service**

Have you served in the armed services? \_\_\_\_\_

Branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_ to \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

**References:**

List three professional or personal references that have knowledge of your qualifications for membership. Do not repeat names of supervisors listed under work history.

Name	Address	Phone #	Occupation



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**Driving History**

License Number: \_\_\_\_\_ State \_\_\_\_\_

Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*\*Please attach a copy of your driving record\*\***

Has your license ever been revoked or suspended? \_\_\_\_\_

If so, explain:

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**Criminal History**

Have you ever plead guilty or been convicted of a crime? \_\_\_\_\_

Are you currently charged for any offense? \_\_\_\_\_

If yes, please explain. Include dates, charges and action taken:

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In the last five years have you used dangerous or illegal drugs, including marijuana without a prescription? \_\_\_\_\_

Have you ever sold dangerous or illegal drugs, including marijuana without a prescription? \_\_\_\_\_



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### Medical History (Optional for Support Services)

Do you have any physical, mental or sensory limitations which may preclude you from performing the work of a firefighter? \_\_\_\_\_  
If yes, please explain:

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### Additional Questions

You may answer these questions on a separate sheet of paper.

Why do you want to volunteer at Kiowa Fire?

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Tell us why you think you would be a good fit for this department.

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What are your goals for the next three years?

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Have you previously submitted an application? \_\_\_\_\_ Date(s): \_\_\_\_\_

Have you ever previously worked or volunteered at Kiowa fire? \_\_\_\_\_  
 If yes, please list your dates of service:

\_\_\_\_\_

Were you referred to us? By whom: \_\_\_\_\_

Do you have any relatives or friends currently serving on the department?

\_\_\_\_\_

\_\_\_\_\_

**Availability** (Not Applicable to Support Services Applicants)

Our volunteers are required to work at least 36 hours a month in the station and are expected to attend department training on most Wednesdays and an occasional Saturday.

Are you able to meet these requirements? \_\_\_\_\_

Please describe your availability:

\_\_\_\_\_

\_\_\_\_\_



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**Authorization to Release Information**

As an applicant for a volunteer position with the Kiowa Fire Protection District (the District), I am required to furnish information regarding my character, work habits, moral, physical, educational and mental qualifications. In this regard, I authorize the Kiowa Fire Protection District to make any and all appropriate inquiries, verifications, and investigations of all statements contained in this application. Moreover, I authorize those people or organizations selected by the District to release any and all information of a confidential or privileged nature. I hereby release you, your organization, and all concerned from any liability or damage which may result from furnishing the information requested in connection therewith. I understand that omission, falsification, or misleading information in this application or other documents submitted in support of this application may result in rejection of this application, removal from an eligibility list or release of duties as a volunteer from the District whenever it is discovered. I certify that the information I have provided is true and complete to the best of my knowledge.

**Agreement to Follow Guidelines**

If accepted, I agree to abide by all the Kiowa Fire Protection District bylaws, standard operating guidelines (SOGs), rules, regulations and all lawful orders of the officers of the Kiowa Fire Protection District to the best of my ability with the understanding that I may be dismissed at any time for violation of any of these regulations.

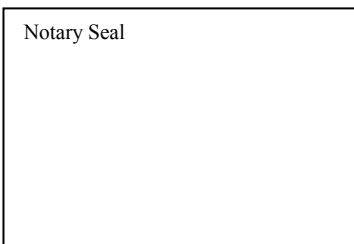
Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Subscribed and affirmed before me this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

In the County of \_\_\_\_\_ State of \_\_\_\_\_

My commission expires: \_\_\_\_\_



Signature of Notary: \_\_\_\_\_