



INTER-CANYON FIRE PROTECTION DISTRICT

7939 South Turkey Creek Road
Morrison, Colorado 80465
303-697-4413

Inter-Canyon Firefighter and EMS Volunteers - Application Process

Attached you will find a complete application package for the Inter-Canyon Fire Protection District. Please follow procedures below to apply for membership within the District.

1. Read the introductory letter from the officers of the Inter-Canyon Fire Protection District.
2. Read the overview of the Inter-Canyon Fire Protection District.
3. If you wish to apply, complete all sections of the application form and the information authorization form and return the forms to:

Inter-Canyon Fire Protection District
7939 South Turkey Creek Road
Morrison, CO 80465

You may also submit your application by email: kelley.cross@intercanyonfire.org

4. Your application must be received by the specified date. Your application will be reviewed by our interview committee and you may be contacted to be scheduled for an interview. During the interview process you will be asked several basic questions regarding your background and your interest in the fire service. You will also be given the opportunity to ask any questions you may have concerning the application process or our district operations.



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The Inter-Canyon Fire Protection District is a volunteer fire and EMS service provider. There is much more to being a member of the Inter-Canyon Fire Protection District than just responding to incidents.

ICFPD has rules, regulations, policies and guidelines which you MUST follow. When toned to an emergency, you must be thoroughly committed to performing the tasks assigned and required. You must be committed to the initial and ongoing training. Firefighting and Emergency Medical Services is one of the most dangerous jobs in the world - it requires all fire department members' total dedication to save lives and protect against the loss of property. The training is extensive and intensive and requires a significant contribution of time on the part of the volunteer. This training required is typically 300-400 hours in the first year.

ICFPD has two pathways for volunteers:

Firefighter – provides structural and wildland firefighting, initial EMS care, rescue and extrication. In addition you may complete additional EMS courses to provide pre-hospital care. If you are accepted, you must attend, successfully complete and maintain these certifications:

- A. State of Colorado Firefighter 1 Certification
- B. State of Colorado Hazardous Materials Operations Certification
- C. NWCG Wildland Firefighter 130/190
- D. State of Colorado Emergency Medical Responder or AEMT, EMT-I or Paramedic

Emergency Medical Services/Firefighter Support – provides Emergency Medical Services treatment and transport and supports firefighters in non-hazardous roles. If you are accepted, you must attend, successfully complete and maintain these certifications:

- A. State of Colorado Emergency Medical Technician – AEMT, EMT-I or Paramedic
- B. State of Colorado Hazardous Materials Awareness
- C. Firefighting safety course

ICFPD has two types of membership:

In-District Volunteer: A firefighter or EMS staff member who lives within the ICFPD or within one air mile of district boundaries. An in-district volunteer may respond to emergencies from home or work.

Out-of-District Volunteer: A firefighter or EMS staff member who lives beyond the one air mile boundary of ICFPD. An out-of-district volunteer must serve duty time at one of the ICFPD stations and be available to respond to emergencies while on duty.

Initial training:

Firefighter – Certification as a State of Colorado Firefighter I, Wildland Firefighter, Emergency Medical Responder and Hazardous Materials Operations requires approximately 300 hours of classroom time, typically provided in the evenings and Saturdays.

Emergency Medical Services – Certification as an AEMT, EMT-I or Paramedic requires 300 to 1500 hours. The AEMT course is offered locally and requires two evenings per week and many Saturdays.

Ongoing training is held at ICFPD every Thursday at 1900 hours. ICFPD will provide you with training, protective gear and insurance. You provide your personal commitment to excellence and your willingness to serve the community. You must also attend at least 10 of the 12 ICFPD monthly business meetings and a majority of ongoing training to remain certified as a firefighter.

Together, you and ICFPD must evaluate your commitment to this organization as being one of dedication and performance before acceptance into District membership.

About Inter-Canyon Fire Protection District

The Inter-Canyon Fire Protection District (ICFPD) in Morrison, Colorado is a volunteer fire and EMS service provider located 20 miles southwest of Denver, Colorado. ICFPD covers 52 square miles of territory with a population of 8,000. Addresses within ICFPD are in both Morrison and Littleton. The fire district is mainly a bedroom community with a large portion of its residents traveling to other larger surrounding cities for employment. ICFPD maintains a maximum roster of 60 active firefighters, which may include both firefighters and Emergency Medical Services volunteers. The department operates five stations with five engines, three tenders, two rescue trucks, two brush trucks and three Advanced Life Support ambulances. ICFPD uses state of the art equipment including hydraulic rescue tool systems, apparatus, the latest protective gear for firefighters, and a complete compliment of Emergency Medical Services equipment and supplies.

The Inter-Canyon Fire Protection District averages approximately 350 calls per year. Our response capabilities include fire suppression (structure fire, vehicle fires, wildfires) utility emergencies (gas leaks, electrical emergencies), smoke investigations, carbon monoxide investigations, motor vehicle rescue, water rescue, technical rescue (high angle rope, confined space, agricultural), disaster response and Advanced Life Support EMS.

The Inter-Canyon Fire Protection District is a Colorado Special District, funded primarily by tax revenue. The citizens are represented by a five-person elected Board of Directors.

Additional funds for the department are generated through fund raising efforts of the volunteers. The volunteers take part in a number of fund raising projects throughout the year. All funds collected are used for department activities, uniforms, training and new equipment. The department has been providing quality emergency services to the public for over 60 years.



Inter-Canyon Fire Protection District Volunteer Membership Application

PERSONAL INFORMATION

Name: (Last, Middle, First)	Are you 21 years of age or older? (If you are hired, you may be required to submit proof of age.)
Address: (Street, City)	
Home #:	Cell/pager #:
Work #:	Email Address:

Drivers License #:	State:	Type/Class:
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TYPE OF MEMEBERSHIP

Which ICFPD membership type do you have an interest in pursuing?

<input type="checkbox"/> In-District Volunteer
<input type="checkbox"/> Out-of-District Volunteer
<input type="checkbox"/> Emergency Medical Services/Firefighter Support
<input type="checkbox"/> Firefighter

EMERGENCY CONTACT INFORMATION (in case of accident and/or injury)

Name:	Relationship:
Address:	Work Phone:
Street, City, State, Zip:	Home Phone:

FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE

List previous **fire/EMS organization** membership and **firefighting/EMS** training with inclusive dates:

Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	

List previous Firefighter and/or Emergency Medical Service certifications and training with inclusive dates (list highest level of training, expiration date of certification and organization):

#1:

#2:

#3:

List any or all other volunteer organizations you are or have been a member (NAME and LOCATION):

#1:

#2:

#3:

#4:

Please tell us briefly why you would like to become a member of the Inter-Canyon Fire Protection District.

EMPLOYMENT HISTORY

List below all previous employers in last 10 years starting with most current: (use additional paper if necessary)

Current Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:
Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
	Supervisor's Telephone:

REFERENCES

Please list **three** character references

Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:

CRIMINAL HISTORY

Within the last three years have you been convicted of a Felony or Misdemeanor including moving traffic violations?

YES

NO

Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending?

YES

NO

If YES to the criminal history questions, explain in detail below (use additional sheet of paper if needed)

Do you have a physical or mental disorder which may impair your ability as a fire fighter or first responder?

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

Training and minimum Service

I acknowledge that the training required to function as a volunteer firefighter and/or Emergency Medical Services provider is an expense incurred by ICFPD. If I fail to complete three years of active service as a member in good standing as a full member of ICFPD, I understand ICFPD will seek reimbursement from me for training costs for firefighter, Hazardous Materials, Wildland firefighter and all levels of EMS provider. Signature _____ Date _____

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors

Disclosure and Authorization Form

As part of the application process for employment at Inter-Canyon Fire Protection District, I understand that CoMVRs, Inc. (dba Employment Background Screening of Colorado) will seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, but is not limited to names and dates of previous/current employment, work experience, work habits, characters, work performance, general reputation, workers compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, credit worthiness, civil case, OIG/GSA, OFAC/patriots act, any sanction lists, FBI finger printing and drug testing. I understand that these records may be used for the eligibility and qualification of my employment. I hereby authorize, without any reservation, the full release of these records and information for Delphic Investigative Services and/or its agents to conduct the searches and investigations.

If I am hired, I also authorize the full release of the information described above, without any reservation, through out any duration of my employment at Inter-Canyon Fire Protection District. I also certify that all information provided below and on my resume is correct to the best of my knowledge. Any false statements provided in this form and my resume will be considered just cause for the termination of employment at any time. I agree that a copy or facsimile of this authorization shall be as valid as the original. In addition, I release and discharge Delphic Investigative Services, and all of its agents, any expenses, losses, damages, and liabilities for the investigative process. Upon Request, Delphic Investigative Services will supply a copy of my reports and my rights under the Fair Credit Reporting Act. Requests may be directed to: Delphic Investigative Services, 1410 Vance Street, Suite 201, Lakewood, CO 80214. 303-239-1411.

Applicant's Name:

_____ (Please Print) First M.I. Last

Previous or Maiden Name (If applicable)

_____ (Please Print) First M.I. Last

Signature: _____

Date: mm/____dd/____yy

Date of Birth: _____mm/____dd/____yy (this is used for criminal and driving records only)

Social Security Number: _____

Female Male

Driver's License Number: _____ **State:** _____

Current Address: _____
Street Address, City State ZIP

Length of Residency: _____ **Email address:** _____ **Phone:** (____) _____

FCRA Summary

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source also advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old: ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, and employers without your permission.

You may choose to exclude your name from CRA lists unsolicited credit insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider if CRA data, violates the FCRA, you may sue them in state or federal court.