



HUERFANO COUNTY FIRE PROTECTION DISTRICT

VOLUNTEER FIREFIGHTER & SUPPORT MEMBERSHIP APPLICATION

Please print clearly or type. Applicants are considered without regard to any status protected by applicable law. Completing this form does not guarantee membership.

APPLICANT INFORMATION

Full legal name: _____

Date: _____

Preferred name (optional): _____

Physical residence / street address: _____

City / ZIP: _____

Mailing address / P.O. Box: _____

Phone: _____

Email: _____

Are you at least 18 years old? ☐ Yes ☐ No

Reliable transportation? ☐ Yes ☐ No

MEMBERSHIP INTERESTS & AVAILABILITY

Areas of interest (check all that apply): ☐ Structural firefighting ☐ Wildland firefighting ☐ Rescue / vehicle extrication ☐ Support / non-operational

Current work schedule or typical availability: _____

Able to attend regular department training on the 2nd and 4th Fridays, 6:30–9:00 p.m.? ☐ Yes ☐ No ☐ Discuss

Occasional extended Saturday training sessions may be scheduled. Are you willing and generally able to attend? ☐ Yes ☐ No ☐ Discuss

Are you willing to attend training courses hosted outside HCFPD (other departments, academies or regional providers)? ☐ Yes ☐ No ☐ Discuss

Able to respond to incidents when available, including some nights/weekends? ☐ Yes ☐ No ☐ Discuss

Estimated response time from residence to HCFPD station: _____ minutes

Any scheduling circumstances you would like us to consider?

EDUCATION & EMPLOYMENT

Highest education completed: ☐ High school/GED ☐ Some college ☐ Associate ☐ Bachelor+ ☐ Trade/technical ☐ Other

School / technical training / relevant coursework: _____

Currently employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

Current employer / role (optional if not employed): _____



HUERFANO COUNTY FIRE PROTECTION DISTRICT

QUALIFICATIONS, CERTIFICATIONS & DRIVING

EXISTING CERTIFICATIONS AND TRAINING

Check all completed credentials. Write certification number, issuing agency, expiration date, or status where known. Applicants are not required to hold these certifications to apply.

- ☐ Firefighter I ☐ Firefighter II ☐ Fire Officer I / II
- ☐ HazMat Awareness ☐ HazMat Operations ☐ HazMat Technician
- ☐ NWCG S-130 ☐ NWCG S-190 ☐ L-180 ☐ S-131 ☐ S-212
- ☐ NWCG FFT2 ☐ NWCG FFT1 ☐ Single Resource Boss / Engine Boss (ENGB)
- ☐ Current arduous / moderate pack test ☐ Wildland red card / IQCS or IQS record
- ☐ ICS-100 ☐ ICS-200 ☐ IS-700 ☐ IS-800 ☐ Other FEMA/NIMS courses
- ☐ EMT / EMR ☐ CPR/AED ☐ First Aid ☐ Vehicle extrication / rescue
- ☐ Emergency vehicle operator / EVOC ☐ Pump operator / apparatus driver
- ☐ Other certifications, technical skills or credentials (list below)

Details (agency, credential number, expiration or status, additional courses):

Have you served with another fire/EMS/public safety agency? ☐ Yes ☐ No

If yes, agency, position, service dates and reason for leaving:

DRIVER QUALIFICATIONS

Valid driver license? ☐ Yes ☐ No State: _____ License class: _____

Do you currently hold a Commercial Driver License (CDL)? ☐ Yes ☐ No

If yes: ☐ Class A ☐ Class B ☐ Class C Endorsements: _____

CDL restrictions (if applicable): _____ Expiration date: _____

Experience operating fire apparatus, commercial vehicles, heavy trucks or equipment:

I understand driving department vehicles requires separate eligibility, training and officer authorization. ☐

Acknowledge



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EXPERIENCE, REFERENCES & MOTIVATION

PRIOR EMPLOYMENT / RELEVANT EXPERIENCE

List up to three employers or substantial volunteer roles, starting with the most recent.

1. Employer / organization: _____ Position: _____

Dates: _____ Supervisor / contact: _____

Responsibilities / relevant skills: _____

2. Employer / organization: _____ Position: _____

Dates: _____ Supervisor / contact: _____

Responsibilities / relevant skills: _____

3. Employer / organization: _____ Position: _____

Dates: _____ Supervisor / contact: _____

Responsibilities / relevant skills: _____

PROFESSIONAL / PERSONAL REFERENCES

Provide three people who are not relatives or prior employers. Include their relationship to you.

1. Name: _____ Relationship: _____

Phone / email: _____

2. Name: _____ Relationship: _____

Phone / email: _____

3. Name: _____ Relationship: _____

Phone / email: _____

WHY HCFPD? PLEASE ANSWER IN YOUR OWN WORDS

1. Why do you specifically want to join Huerfano County Fire Protection District? Tell us what interests you about the work and what you hope to contribute beyond simply "helping the community."

2. Fire service requires reliability, accountability and teamwork. Describe a time you followed through on a difficult commitment or worked through conflict with a team.

3. What skills, experience, strengths or perspectives would you bring to HCFPD? What do you most want to learn?



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APPLICANT ACKNOWLEDGMENTS & AUTHORIZATION

APPLICANT STATEMENT

I certify that the information in this application is true and complete to the best of my knowledge. I understand that Huerfano County Fire Protection District may verify relevant information, contact references, and evaluate my qualifications for volunteer membership. Material omissions or false or misleading information may affect membership eligibility or result in separation.

I understand that membership, if approved, is subject to district rules, policies, training, safety standards and applicable law. No guaranteed schedule, compensation, benefits or term of membership is created by this application. Any applicable separation or removal process is governed by district policy and law.

I understand that operational duties, apparatus driving and emergency response may require additional screening, training, medical/fitness evaluation or qualifications relevant to the role. Reasonable accommodation requests may be discussed with the district through the appropriate process.

Applicant signature: _____ Date: _____

AUTHORIZATION TO CONDUCT RELEVANT CHECKS

For membership screening, I authorize HCFPD to request and review job-related reference information, driver history and criminal-history information as permitted by applicable law, subject to any additional notices, consent forms and procedures required by law or a screening provider. Any drug/alcohol screening, if applicable to the role, will be addressed separately under district policy and applicable law.

I understand information will be handled confidentially and shared only with persons who have a legitimate operational or administrative need, subject to applicable records laws. This authorization does not waive rights provided by law.

Applicant signature: _____ Date: _____

FOR HCFPD USE ONLY

Application received: _____ Interview date/time: _____ Interviewer(s): _____

Membership area: ☐ Structure ☐ Wildland ☐ Rescue ☐ Support

Certifications verified: ☐ Yes ☐ Pending Driver review: ☐ Yes ☐ Pending ☐ N/A

Reference/background process: ☐ Complete ☐ Pending ☐ N/A

Interview notes / recommended next steps:

Decision / disposition: ☐ Accept ☐ Decline ☐ Defer Date: _____

Interviewer signature: _____ Fire Chief signature: _____

RETURN THE COMPLETED APPLICATION

Heather Omer | Chief of Administration | heatheromer@huerfanofire.org

Huerfano County Fire Protection District | 310 Main St, Walsenburg, CO 81089

Fire Chief Derrick Omer | 719-890-4185



HUERFANO COUNTY FIRE PROTECTION DISTRICT

REFERENCE REQUEST & APPLICANT RELEASE

Huerfano County Fire Protection District • 310 Main St • Walsenburg, CO 81089

Fire Chief: Derrick Omer | 719-890-4185

Application return / administrative contact: Heather Omer, Chief of Administration

heatheromer@huerfanofire.org

REFERENCE REQUEST

Applicant name: _____

Reference name / organization: _____

Dear Reference,

The individual named above has applied to serve with Huerfano County Fire Protection District and identified you as a reference. We would appreciate your candid assessment of the applicant's reliability, judgment, teamwork, communication and suitability for service in an emergency-response or support environment. Please provide information based on your direct experience.

How do you know the applicant, and for how long?

What strengths have you observed in their reliability, teamwork or judgment?

Are there any job-related concerns we should consider? (Please avoid unrelated personal or protected information.)

Additional comments:

Reference name / signature (optional): _____ Date: _____

Reference phone / email: _____

APPLICANT PERMISSION TO CONTACT THIS REFERENCE

I authorize the individual or organization identified above to provide HCFPD with relevant reference information for consideration of my membership application, subject to applicable law.

Applicant signature: _____ Date: _____

Please return this form to Heather Omer at heatheromer@huerfanofire.org. Thank you for your assistance.