

**PLEASANT VIEW VOLUNTEER FIRE DEPARTMENT  
MEMBERSHIP APPLICATION**

I hereby make application for membership in the Pleasant View Volunteer Fire Department. If accepted as a member, I do hereby solemnly agree, if physically possible, to comply with all policies, rules and regulations of this Department. I also agree to return any property issued to me upon termination of my membership.

Please read carefully, write carefully, and answer all questions as completely as possible.

**PERSONAL INFORMATION**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Length of Residency within this District: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Do you have a valid Driver's license?  Yes  No Number: \_\_\_\_\_ State:  Colorado Other: \_\_\_\_\_  
Class: \_\_\_\_\_ In case of emergency, please call: \_\_\_\_\_ Phone: \_\_\_\_\_  
Have you ever been arrested and/or convicted of a misdemeanor or felony?  Yes  No If yes, please give explanation: \_\_\_\_\_

**EMPLOYMENT**

Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Are you available to be on call 24 hours a day?  Yes  No If not, hours available are from \_\_\_\_\_ to \_\_\_\_\_.

**HEALTH**

Are you restricted by any emotional or physical problems that would affect your performance under stressful situations?  Yes  No  
If yes, please explain: \_\_\_\_\_  
Are you presently under a doctor's care for any disabling illness or injury?  Yes  No If yes, please explain: \_\_\_\_\_  
Are you willing to submit to a physical examination at your own expense prior to acceptance?  Yes  No

**REFERENCES**

List 3 references that can attest to your character, experience and qualifications:

NAME	ADDRESS	PHONE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What prompted you to apply? \_\_\_\_\_

**SPECIAL INFORMATION**

Are you currently certified in any field of the Emergency Medical System? (i.e.: EMT, First Aid, CPR, etc):  Yes  No  
Please list: \_\_\_\_\_ Expires: \_\_\_\_\_  
\_\_\_\_\_ Expires: \_\_\_\_\_

I certify that all answers given by me in this application are true and correct without intentional omission of any kind, and agree that my membership may be terminated at any time because of falsity of any answers or omissions made by me on this application. I authorize the Pleasant View Volunteer Fire Department to make such investigations and inquiries of my personal, employment, medical history and other related matters as may be necessary in arriving at a decision. I hereby release employers or persons from liability in responding to inquiries in connection with my application.

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

**FOR ADMINISTRATIVE USE ONLY**

Interviewed: \_\_\_\_\_ Comments: \_\_\_\_\_  
Executive Committee: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER FOR CORTEZ POLICE DEPARTMENT  
RECORDS RELEASE**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

I do hereby authorize any City, County, State or Federal Agency, Department or Bureau, to release any information in their files under the above name. I understand and realize that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomever from any liability arising out of or resulting from the release of this information.

SIGNED: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_