



East Grand Fire Protection District #4

Membership Application Packet

Thank you for your interest in becoming a member of East Grand Fire District #4. This outline provides a brief explanation of the application process, the basic requirements to become a member, membership duties and fire department structure.

EGFPD relies upon our dedicated volunteer members, who are willing to commit the time necessary to cover the number of diverse emergency calls we receive. The types of calls the department responds to includes, but is not limited to: structure fires, automobile collisions, hazardous materials incidents, wildland fires, fire alarms, medical assists, and public assistance calls. This variety of calls provides you with an excellent opportunity to gain experience in the field of Fire and Emergency Services, while providing a valuable service to the local community.

Membership Application Procedure

1. Read this entire Information and Application Packet.
2. Fill out the Application Packet in its entirety (Incomplete application packets will not be considered).
3. Attach copies of any previously obtained Firefighter or EMS certifications or training (Prior firefighting experience is not required.)
4. Attach three letters of reference to your application packet.
5. Drop off your completed application packet, or mail to:

East Grand Fire Protection District #4
Attention: Training Coordinator
P.O. Box 2967
Winter Park, CO 80482

- The application packet should be placed in a sealed envelope, regardless of whether it is dropped off or mailed.
- Upon receipt of your application packet, the Training Coordinator will review it for completion. If your application is accepted, you will be called upon to schedule a preliminary interview. The interview will consist of a verbal interview with the Training Coordinator, and further explanation of Fire Department procedures and process. If incomplete, you will be notified.
- After your interview you will be notified of your application status with EGFPD.

Probationary Membership Requirements

Minimum Qualifications for Membership:

- Must be a minimum of 18 years old
- Must be U.S. Citizen or be able to work in the U.S.
- Must possess a high school diploma or GED
- Must possess or be able to obtain a valid Colorado driver's license at time of acceptance
- Must be able to pass a background investigation
- Must pass a physical exam conducted by a physician designated by EGFPD
(Physical exam is paid for by EGFPD)

Required to be completed prior to be approved for full non probationary status:

- Firefighter Training Academy
- Probationary task book
- 75% of District training
- Minimum of 25 calls prorated

During probationary status, you are encouraged to participate in as many fire department functions as possible and respond to as many calls as possible, but the above are the minimums.

The probationary period is designed to facilitate the training of new members in the knowledge and skills needed to become a fully functioning member of the East Grand Fire Protection District.

Upon successful completion of the probationary period, you will be recommended for Active Membership status by the Training Coordinator or designee, which will be considered within thirty days of the date in which your probationary requirements have been completed.

To remain an Active Member of the Fire Department, you will be required to attend at least 40hrs of Trainings and complete 75% of District Training, as well as the following:

District firefighters -respond to 25 calls annually and complete 12 truck details.

Shift Firefighters- complete 36 shifts annually and 36 truck checks.

Residents Firefighters- 52 week night shifts, 24 hours of weekend shifts and weekly truck checks.

If you have any questions regarding the application process, Probationary Membership requirements, or the Fire Department in general, please contact the Training Coordinator. Thank you again for your interest in the East Grand Fire Department.

Fire Department Structure

East Grand Fire Protection District is a para-military organization, following a command structure, which operates with two divisions: operations and administration. The Operations Division is run by the Fire Chief, and consists of two assistant chiefs, captains, lieutenants (the Company Officers), firefighters and probationary firefighters. The Officers are responsible for the supervision of firefighting personnel whenever they are involved with a Fire Department function or operation. In the absence of an Officer, the highest-ranking firefighter assumes the duties of the acting Officer. The Administrative Division is also run by the Fire Chief and consists of office staff and various support personnel.

EGFPD-Useful Information

Todd Holzwarth-Fire Chief
Dennis Soles- Fire Marshall
Deb Knutson-Office Manager
Eric Gettenberg- Operations and Training Coordinator
Adam Gosey- Fire Equipment and Prevention Technician

Address:

East Grand Fire Protection District #4
P.O. Box 2967-77601 US HWY 40
Winter Park, CO 80482

Phone Numbers:

HQ 970-726-5824
Fax 970-726-5938
www.eastgrandfire.com

Training and Meeting Schedule:

District Training-1st Tuesday of each month at 18:30
Officer Training-2nd Tuesday of each month at 18:30
District Training-3rd Tuesday of each month at 18:30
Engineering or Rescue Training-4th Tuesday of each month at 18:30
District Board of Directors Meeting-4th Wednesday of each month at 18:30

Monthly Newsletter:

The newsletter is published after the District Board meeting. The newsletter contains the monthly calendar of events, as well as general information and items of interest. Submittals to the newsletter are welcome. They should be submitted on or before the day of the District Board meeting.

All Volunteer Firefighter Benefits

- PROVIDED BY DISTRICT:
- In and out of district Training
- Full Protective Equipment
- Uniforms including Class A and B uniform
- Pension and Insurance Benefits (See Below)
- Health Insurance Assistance Program
- Access to wash bay for vehicle repair or cleaning
- Firefighter Physical
- Access to gym

Shift Firefighter Benefits

- Same as District Volunteers, with the ability to live outside the district boundaries.
- Obtain more information regarding EGFPD's Resident Firefighter program from the Training Coordinator.

Resident Firefighter Benefits

- Same as District Volunteers with provided housing in a private dorm room in the fire station (includes a common kitchen and recreational area).
- Obtain more information regarding EGFPD's Resident Firefighter program from the Training Coordinator.

EGFPD Pension Benefit

EGFPD has a pension fund available to all volunteer firefighters. For each year you remain in Active Member status, you receive one year of pension credit. Partial vesting takes place when you have received credit for at least 10 years of volunteer service to EGFPD, with full vesting being at 20 years. Pension payout eligibility begins at age fifty. Please see the Fire Chief for complete requirements and restrictions.

EGFPD Insurance Benefits

EGFPD carries a \$10,000 life insurance policy on all firefighters. In addition, an accidental death and sickness policy is carried on each firefighter, as well as Workman's Compensation insurance. Please contact the Office Manager for further explanation of these benefits.



MEMBERSHIP APPLICATION

East Grand Fire District # 4

PO Box 2967

77601 US Hwy 40

Winter Park, CO 80482

(970) 726-5824

PERSONAL

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
MAILING ADDRESS CITY STATE ZIP

PHYSICAL ADDRESS CITY STATE ZIP

EMAIL ADDRESS _____

TELEPHONE NUMBER(S) (HOME) _____

(WORK) _____ (CELL) _____

WILL YOU HAVE REACHED YOUR 18TH BIRTHDAY BY TIME OF HIRE YES _____ NO _____

VALID CO. DRIVERS LICENSE # _____ CLASS _____

*ATTACH A COPY OF YOUR ID

IN CASE OF EMERGENCY, NOTIFY

NAME PHONE NUMBER

ADDRESS _____

PHYSICAL ADDRESS CITY STATE ZIP

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU

ADDRESS _____

PHYSICAL ADDRESS

CITY

STATE

ZIP

MILITARY EXPERIENCE

Military Service? YES _____ NO _____ (If yes, indicate below.)

BRANCH _____ NO. OF YEARS _____

TYPE OF DISCHARGE _____ DATE OF DISCHARGE ____/____/____

EDUCATION AND TRAINING

CIRCLE HIGHEST GRADE COMPLETED: DID YOU GRADUATE? YES _____ NO _____

1 2 3 4 5 6 7 8 9 10 11 12 DATE: _____

LAST HIGH SCHOOL ATTENDED

ADDRESS

PHYSICAL ADDRESS

CITY

STATE

ZIP

GED: _____ STATE: _____ DATE: _____

COLLEGES/VOCATIONAL SCHOOLS ATTENDED

School Name	City & State	Type of Degree Awarded	Major Field	Dates From/To

GENERAL INFORMATION

Affirmative responses to the following questions will not automatically exclude you from membership consideration.

Have you ever been dismissed or asked to resign from any position? YES ____ NO ____
If yes, please explain:

Have you ever forfeited collateral, been imprisoned, been on probation, or been on parole?
YES ____ NO ____
If yes, please explain:

Have you ever been convicted of a felony or misdemeanor? (Include any instances except minor traffic violations or parking tickets) YES ____ NO ____
If yes, please explain:

Please list below any additional information you consider pertinent to your application for membership (including school honors, organization memberships, unique skills, language proficiencies, etc.)

FIREFIGHTING EXPERIENCE

Have you ever been an applicant or employee/member of any fire department or rescue squad?

YES _____ NO _____

IF APPLICANT:

DATE OF APPLICATION _____

IF MEMBER/EMPLOYEE:

DATES (FROM/TO) _____

_____ DEPARTMENT NAME PHONE NUMBER

POSITION _____

ADDRESS:

_____ PHYSICAL ADDRESS CITY STATE ZIP

PLEASE LIST ANY SPECIALIZED TRAINING IN THE FIRE OR LIFE SAFETY FIELD.	
<input type="checkbox"/> Firefighter One level of State Qualification Expiration Date: _____	<input type="checkbox"/> Haz Mat Operations level of State Certification Expiration Date: _____
<input type="checkbox"/> Firefighter Two level of State Qualification Expiration Date: _____	<input type="checkbox"/> Haz Mat Technician level of State Certification Expiration Date: _____
<input type="checkbox"/> Colorado EMS First Responder Expiration Date: _____	<input type="checkbox"/> CPR Expiration Date: _____
<input type="checkbox"/> Emergency Medical Technician – Basic Expiration Date: _____	<input type="checkbox"/> Other _____

PLEASE ATTACH COPIES OF ANY CURRENT FIRE AND/ OR EMS CERTIFICATIONS YOU MAY HOLD.

REFERENCES:

PLEASE LIST THREE CHARACTER REFERENCES WHO ARE NOT RELATED TO YOU:

Name	Phone	Address
1.		
2.		
3.		

EMPLOYMENT HISTORY

Instructions:

THE EXAMINATION PROCESS OFTEN ENTAILS AN EXPERIENCE RATING BASED ON THE INFORMATION SUPPLIED ON THE APPLICATION FORM. THEREFORE, PLEASE PROVIDE A DETAILED EMPLOYMENT HISTORY. LIST POSITIONS HELD, INCLUDING MILITARY, PART TIME, SUMMER, AND VOLUNTEER. USE ADDITIONAL SHEETS IF NECESSARY.

PRESENT/MOST RECENT POSITION:

EMPLOYER NAME	
EMPLOYMENT DATES (MONTH/YEAR) FROM	(MONTH/YEAR) TO
ADDRESS	
TELEPHONE	
NAME OF SUPERVISOR	
REASON FOR LEAVING	
JOB TITLES AND DUTIES	

FORMER POSITIONS:

EMPLOYER NAME	
EMPLOYMENT DATES (MONTH/YEAR) FROM	(MONTH/YEAR) TO
ADDRESS	
TELEPHONE	
NAME OF SUPERVISOR	
REASON FOR LEAVING	
JOB TITLES AND DUTIES	

EMPLOYMENT HISTORY CONTINUED

FORMER POSITIONS:

EMPLOYER NAME	
EMPLOYMENT DATES (MONTH/YEAR) FROM	(MONTH/YEAR) TO
ADDRESS	
TELEPHONE	
NAME OF SUPERVISOR	
REASON FOR LEAVING	
JOB TITLES AND DUTIES	

EMPLOYMENT HISTORY CONTINUED

FORMER POSITIONS:

EMPLOYER NAME	
EMPLOYMENT DATES (MONTH/YEAR) FROM	(MONTH/YEAR) TO
ADDRESS	
TELEPHONE	
NAME OF SUPERVISOR	
REASON FOR LEAVING	
JOB TITLES AND DUTIES	

BACKGROUND CHECK/CREDIT REPORTING

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING
AUTHORIZATION AND RELEASE TO OBTAIN BACKGROUND/CREDIT INFORMATION
BY EAST GRAND FIRE PROTECTION DISTRICT #4.

I, _____
LAST FIRST MIDDLE

Date of birth: _____ Social Security Number: _____ - _____ - _____

VALID CO. DRIVER'S LICENSE # _____ CLASS _____

Authorize the East Grand Fire Protection District #4 to conduct a background investigation in connection with my application for employment.

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal from the East Grand Fire District #4. If discovered at a later date.

I understand that I will not receive, and am not entitled to a copy of the report or to know its contents, and I further understand that the contents are privileged. I agree to give any information, which may be required in reference to my past record. I fully understand all information gained from such an investigation is confidential and will be released only to authorized persons in the employment process.

I fully understand this investigation may include information from educational institutions, credit institutions, insurance companies, Physicians and/or medical records, military organizations, police, and/or court records, Department of Motor Vehicles records, personal references, developed resources, present and previous employers, and other appropriate sources. I hereby authorize the release of any information that the East Grand Fire Protection District #4 may request from the aforesaid sources required for a background check I understand that if I am extended an offer of membership it may be conditioned upon my successfully passing a complete pre-employment physical examination to judge my capacity to do the work for which I am applying. I also hereby authorize my present and former employers to give any information regarding my employment together with any information that they may have regarding me, whether or not it is on their records.

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, hereby release the East Grand Fire Protection District #4, Grand County, Colorado, or any of its agents or representatives and any person so furnishing information from any and all liability as a nature and kind arising from the publishing of this information whether it is verbal or written.

I understand that this application for subsequent membership does not create an express or implied contract of employment nor guarantee membership for any definite period of time.

Applicants Signature Date

I, _____, a Notary Public of _____ County, _____ State, certify that _____ personally appeared before me this day, and being duly sworn, stated that in my presence signed this document.

Witnessed my hand and official seal, this _____ day of _____, _____

Notary Public

My commission expires: _____, _____
Date Month Year

EQUAL OPPORTUNITY EMPLOYER

As an Equal Opportunity Employer, East Grand Fire Protection District # 4 is committed to give equal consideration to all applicants without regard to race, color, religion, gender, age, national origin, ethnic heritage, disability, sexual preference, gender identity or expression, marital, military or veteran status, or any other class protected by law.