## **East Grand Fire Protection District #4**



## **Membership Information**

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

EGFPD relies upon our dedicated volunteers who are willing to commit the time necessary to cover the everincreasing number of emergency calls we receive. We respond to structure fires, automobile collisions, hazardous material incidents, wildland fires, fire alarms, medical assists, ice rescue and public assistance calls. This 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.

The District follows a para-military command structure with two divisions, Operations and Administration, both overseen by the Fire Chief. The Operations Division includes Assistant Chiefs, Captains and Lieutenants (the Company Officers) as well as Firefighters, and probationary Firefighters. The Officers are responsible for the supervision of firefighting personnel during any call or operation. The Administrative Division includes office staff that is responsible for the day to day business functions of the district and in supporting the volunteers.

## **Minimum Requirements for Application**

- 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)

## Membership Application Procedure

- 1. Read this entire Information and Application Packet.
- 2. Fill out the Application (Page 5-8) in its entirety. Incomplete applications will not be considered.
- 3. Attach copies of any Firefighter or EMS certifications or training if available (not required).
- 4. Provide a color copy of your I.D. (front and back) as well as a Passport if available.
- 5. Attach three letters of reference to your application packet.

6. Enclose your application materials in an envelope and either drop it off at East Grand Headquarters at 77601 U.S. Hwy 40, Winter Park or send it via USPS to:

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

- Upon receipt of your application packet it will be reviewed for completion. If your application is incomplete, you will be notified.
- If your application is accepted, you will be called to schedule a meeting with the Volunteer Coordinator for an explanation regarding the operations of EGFPD and to schedule a formal interview.
- Following your interview, you will be contacted with information to schedule your physical.

## **Probationary Member Minimum Requirements**

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. During this time, you are encouraged to participate in as many fire department functions as possible and respond to as many calls as possible. Listed below are the **minimum requirements** for your probationary year:

- Firefighter Training Academy
- Completion of Probationary Task Book
- Attend 75% of District Training (see Training Schedule under Useful Information)
- Meet the same call and shift requirement of Active District Firefighters listed below.
- Obtain/Maintain CPR/ 1<sup>st</sup> aid

## **Active Members Minimum Requirements**

Following completion of the Probationary period and obtaining the rank of Firefighter you will have more options for participation. All volunteer options have requirements for calls, shifts and training. Each of the requirements listed below are **minimums**. Participation above these requirements is encouraged.

## **District Firefighters**

- Required to respond to 15% of total district calls **per semester.**
- Must complete 36 shifts **per semester** (72 per year), done either from the Headquarters station shift rooms, or from work, home, or within district (15-minute response time). Shifts are done in 6 hour increments.

## **Shift Firefighters**

- In lieu of a call requirement and in exchange for being able to live outside of the District, there is a shift requirement of 50 shifts **per semester** (100 per year) done at Headquarters. This program is designed for existing firefighters however, exceptions have been made in certain situations.
- These firefighters are also expected to complete 25 truck details **per semester.**

## **Resident Firefighters**

- In exchange for living quarters and designed for those who wish to immerse themselves in the fire service, there is a shift requirement of 3 shifts **per WEEK** (156 per year) at Headquarters.
- Complete required truck checks of all apparatus as assigned by the Volunteer Coordinator.
- Expected to answer doors and phone calls to the station from the public whenever present.
- This program is designed for firefighters who have completed their probationary requirements.

## **Training:**

All members must participate in at least 20 hours of District training per semester. Qualifying trainings are held on the 1<sup>st</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Tuesdays of every month.

## Shifts:

All shifts are 6 hours long from Midnight until 06:00, 06:00 - Noon, Noon - 18:00 and 18:00 - Midnight. Times may be altered one hour in either direction with prior notice to the Volunteer or Training Coordinator. All firefighters are required to respond to calls while on shift.

## Volunteer Firefighter Benefits Provided by District

## Health & Insurance Benefits

Health insurance policies as well as other health account options are available after a candidate has completed their probationary requirements. EGFPD carries a \$10,000 life insurance policy, accidental death and disability policy, as well as Workman's Compensation insurance is carried on each Firefighter.

## Pension Benefit

EGFPD participates in a State pension program available to all volunteer Firefighters. Pension benefits begin accruing from your start and can begin paying out after a minimum of 10 qualifying years of service, with full vesting at 20 years, and after reaching the age of 50.

### **Other Benefits**

- In and out of District Training
- Uniforms, including Class A and B uniform
- Access to Wash Bay for Vehicle Repair or Cleaning
- Firefighter Physical
- Fraser Valley Recreation Center Pass

## EGFPD - Useful Information

Todd Holzwarth - Fire Chief Dennis Soles - Fire Marshall Kristen Rybij - Office Manager Steve Waldorf - Operations and Training Coordinator Jed Henry - Volunteer Coordinator Adam Gosey - Prevention Technician

<u>Address:</u> East Grand Fire Protection District #4 P.O. Box 2967 / 77601 US HWY 40 Winter Park, CO 80482 <u>Contact Information:</u> HQ 970-726-5824 / Fax 970-726-5938 <u>egfd@eastgrandfire.com</u> / <u>eastgrandfire.com</u>

<u>Training and Meeting Schedule:</u> District Training - 1<sup>st</sup> Tuesday of each month at 18:00 Officer Training - 2<sup>nd</sup> Tuesday of each month at 18:00 District Training - 3<sup>rd</sup> Tuesday of each month at 18:00 Engineering or Rescue Training - 4<sup>th</sup> Tuesday of each month at 18:00 District Board of Directors Meeting - 4<sup>th</sup> Wednesday of each month at 18:00

## **THANK YOU!**

If you have any questions regarding the application process, probationary membership requirements, benefits listed above or the Fire Department in general please contact the Volunteer Coordinator who will be happy to clarify any of this, we know it is a lot of info.

Thank you again for your interest in the East Grand Fire Department's Volunteer Program.

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## **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)
Valid Driver's	License #			State: _	Class:
*Attach a color	copy of your I.D. (Passport	also if available)			
Your Email		Cell #	Work #		Home #
	I				
Emergency Contact	Name	Cell #	Address		
Nearest Relative	Name	Phone	Address		
not living with you	Name	Phone	Address		

## **GENERAL INFORMATION**

Answering yes to the following questions will not automatically exclude you from consideration.

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

Have you ever been convicted of a felony, misdemeanor, been imprisoned, been on	probation, par	role or
forfeited collateral? (Exclude minor traffic or parking violations)	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...)

## EDUCATION, TRAINING & EXPERIENCE

A High School diploma or GED is required to apply. Please provide information on your schooling.

### High School Graduated from or GED

School Name	City & State	Date

Colleges/Vocational Schools Attended

School Name	City & State	Field	Degree	Dates From/To

## **Military Experience**

If you served in any branch of the Military please complete the field below.

Branch	Years Served	Type of Discharge	Date of Discharge

### **Emergency Service Experience**

If you served in any Emergency Service Organization please complete the fields below.

Organization Name	Years Served	City & State	Position

## Any Emergency Services Certifications?

Certification Type	Expiration Date	Certification Type	Expiration Date
	//		//
	//		//
	//		//

### **EMPLOYMENT HISTORY**

Please provide a detailed employment history. Include part time, summer, and volunteer positions. Use additional sheets if necessary.

### **Current or Most Recent Position:**

Employer Name:	
Name of Supervisor:	Dates From/To:
Address:	Telephone:
Job titles and duties:	
Reason for leaving:	

Former Positions:		
Employer Name:		
Name of Supervisor:	Dates From/To:	
Address:	Telephone:	
Job titles and duties:		
Reason for leaving:		

Former Positions:			
Employer Name:			
Name of Supervisor:	Dates From/To:		
Address:	Telephone:		
Job titles and duties:			
Reason for leaving:			

### REFFERENCES

List three character references that are not related to you.

Name	Phone	Address
1.		
2.		
3.		

#### BACKGROUND CHECK/CREDIT REPORTING Please read 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:	(Day) , (Month)	,(Year)	Social Security Number:		
Valid Driver's license #			State	Class	

I Authorize the East Grand Fire Protection District #4 to conduct a background investigation in connection with my application for membership. I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration 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 nor am I entitled to a copy of the report or to know it 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 for this 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 shall be conditioned upon my 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, 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 of any nature or kind arising from the publishing of this information whether it is verbal or written.

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

(Applicants S	ignature)	(Date)		
State of	County of	The foregoing instrument was acknowledged before me,		
this (Day)	(Month), (Year) by:	(Name of person)		
(Notary's official signatu	ıre)			
(Commission Expiration)	)	(Notary Seal)		

#### 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.