



Florissant Fire Protection District

2606 US Hwy 24, Florissant, Colorado 80816

Membership Application

Name		
Phone: (h)	(w)	(c)
Email Address:		
Street Address:		
City, State ZIP:		

Occupation: _____

Employer: _____

WHAT ROLE(S) ARE YOU INTERESTED IN APPLYING FOR?

Fire Rescue: ___ Structure Fire ___ Wildland Fire ___ EMS **Grant Writing :** ___

Fire Corps: ___ Events Planning ___ Fundraising ___ Facility Maintenance ___ Fire Support

Describe any relevant certifications, skills or experience you have:

Florissant Fire requires employees and volunteers to submit to a background check regarding your driving and criminal history. I agree and give my consent for these checks. Initial here: _____

Social Security Number: _____ - _____ - _____ Birth Date: ____/____/____

Florissant Fire may require a drug test via urinalysis. I agree and give my consent. Initial here: _____

Emergency Contact Information:

Name: _____ Relation: _____

Address: _____

Phone: ____ (____) _____ - _____

Thank you for your application! We will review it and someone should get back to you soon.

Your Signature: _____ Date: ____/____/____

Admin Use	Date Rcvd: _____	Background Check: ____	Response to Applicant: _____
-----------	------------------	------------------------	------------------------------