Canon City Area Fire Protection District
1475 North 15th Street, Canon City, Colorado 81212
719-275-8666

Volunteer Interest Application

Thank you for your interest in volunteering with the Canon City Area Fire Protection District.   This application will serve as the main contact information for our department. Depending on your interest in volunteering, we will contact you as we have opportunities available. We generally open volunteer firefighter opportunities once a year. If you are desiring to volunteer in a non-combat service, please indicate below. These opportunities may be accommodated on an as available, as needed basis. <u>Thank you for your interest to serve your community</u>.

Completed applications must be saved as a pdf document. This shall then be attached to an email to
volunteer_interest@canonfire.org. *You must include a valid email address and phone number with your application. These will be the primary method of communication for all follow-up information concerning your application. You should receive an email reply confirming your application receipt. If you do not receive an email within 15 days of submittal, please call 719-275-8666.*

Today's Date: _____ **Type of Employment seeking:** _____

Email address: _____ **Verify email address:** _____

Last Name: _____ **First:** _____ **Middle:** _____ **Suffix:** ____

Current address: _____ **City:** _____ **State:** ___ **Zip Code:** _____
Mailing address same as residence: _____

Mailing address: _____ **City:** _____ **State:** ___ **Zip Code:** _____

Telephone: _____ **Other names you have used:** _____

Have you ever been employed/volunteered at CCFD: _____ **Dates from** _____ **to** _____
Position in the department: _____

Other languages known: ____ **Language:** _____ **Level:** _____

Use the space below to describe your interest/desire to Volunteer with the Canon City Fire District. List any special skills, positions, or other talents that you feel are important to the Fire Department and your desired level of involvement.

Employment History

Please list your past two employers beginning with most recent

Dates from [_____] **to** [_____]   **Highest Position Held:** [_____]

Employer: [_____]   **Supervisor's Name:** [_____]

Address: [_____]   **Telephone:** [_____]

Primary Duties: [_____]

Reason for leaving: [_____]

Dates from [_____] **to** [_____]   **Highest Position Held:** [_____]

Employer: [_____]   **Supervisor's Name:** [_____]

Address: [_____]   **Telephone:** [_____]

Primary Duties: [_____]

Reason for leaving: [_____]

I wish to be notified prior to you contacting my <u>current</u> employer [_____]

Please list all RELEVANT, valid certifications held. Include first date of issue, issuing agency, and expiration:

[_____]

Signature: [_____]   Date: [_____]

Electronic signature is acceptable. Please use following format: |*s*| First M. Last   last 4 of SSN

2