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| Volunteer Application **Longmont Emergency Unit****663 17th Ave.** **Longmont, CO 80504** |  |

## Contact, Personal, and Vehicle Information

|  |  |
| --- | --- |
| Name (First Middle Last) | Click here to enter name. |
| Street Address | Click here to enter address. |
| City ST ZIP Code | Click here to enter city, state, and zip. |
| Cell Phone | Click here to enter Cell phone. |
| Work Phone | Click here to enter work phone. |
| E-Mail Address | Click here to enter e-mail. |
| Date of Birth (must be 18+) | Click here to enter DOB. |
| Social Security Number | Click here to enter SSN. |
| Driver’s License State and # | Click here to enter DL state and DL number. |
| Vehicle Year, Make, Model | Click here to enter vehicle year and make. |
| Vehicle Plate # and Color | Click here to enter vehicle model and color. |
| Vehicle Insurance Provider | Click here to enter vehicle insurance provider. |
| Vehicle Insurance Policy # | Click here to enter vehicle insurance policy number. |
| Occupation | Click here to enter your occupation. |
| Employer | Click here to enter your employer. |
| Employer’s address | Click here to enter employer’s address. |
| Employer’s Phone # | Click here to enter employer’s phone number. |

## Availability

### During which hours are you **UNAVAILABLE** for volunteer assignments or to respond to emergency calls?

|  |  |
| --- | --- |
| Monday | Click here to enter times. |
| Tuesday | Click here to enter times. |
| Wednesday | Click here to enter times. |
| Thursday | Click here to enter times. |
| Friday | Click here to enter times. |
| Saturday | Click here to enter times. |
| Sunday | Click here to enter times. |
| Other | Click here to enter other unavailability. |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| [ ]  Active Rescuer |
| [ ]  Reserve Rescuer[ ]  Mutual Aid Diver (must be a member of a mutual aid agency) [ ]  Other |
| Click here to enter other reason for joining. |
|  |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
| Click here to enter special skills or qualifications. |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

|  |
| --- |
| Click here to enter previous volunteer experience. |

## Medical Issues, Allergies, and Physical Limitations

### Summarize any medical issues, Allergies, or physical limitations that the unit should be aware of.

|  |
| --- |
| Click here to enter medical and physical information. |

## Driving and Criminal History

### Have you been ever been arrested or convicted of any crime or received any traffic citation in the past 3 years? If so please explain below.

|  |
| --- |
| Click here to enter any criminal or driving history. |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name | Click here to enter name. |
| Relationship | Click here to enter relationship. |
| Street Address | Click here to enter street address. |
| City ST ZIP Code | Click here to enter city, state, and zip code. |
| Work Phone | Click here to enter work phone. |
| Home Phone | Click here to enter home phone. |
| Cell Phone | Click here to enter cell phone. |
| E-Mail Address | Click here to enter e-mail. |

## Personal References

Applicant must complete all fields.

|  |  |
| --- | --- |
| Name, Relationship | Click here to enter name and relationship. |
| Phone Number | Click here to enter phone number. |
| Name, Relationship | Click here to enter name and relationship. |
| Phone Number | Click here to enter phone number. |
| Name, Relationship | Click here to enter name and relationship. |
| Phone Number | Click here to enter phone number. |

## Professional References

Applicant must complete all fields.

|  |  |
| --- | --- |
| Name, Relationship | Click here to enter name and relationship. |
| Phone Number | Click here to enter phone number. |
| Name, Relationship | Click here to enter name and relationship. |
| Phone Number | Click here to enter phone number. |
| Name, Relationship | Click here to enter name and relationship. |
| Phone Number | Click here to enter phone number. |

## Agreement and Signature

### I hereby certify that the information provided in my application is freely given, true, and complete. I understand that any false statements, answers, or any misleading information may be sufficient ground for immediate disqualification or dismissal at any time. I also understand that the Longmont Emergency Unit will conduct a criminal background investigation and check my driving record. I authorize my employer, references and anyone contacted by the Longmont Emergency Unit herein to release pertinent information about me in reference to the job that I will be performing including the way that I interact with others. I hereby release the Longmont Emergency Unit from any liability or damage, which may result from obtaining the information requested. The Longmont Emergency Unit may make copies of my signed authorization available to those contacted upon request.

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| --- | --- |
| Name (printed) | Click here to enter name. |
| Date (dd/mm/yyyy) | Click here to enter Date. |

## Our Policy

The Longmont Emergency Unit is committed to Equal Employment Opportunity, Diversity and compliance with the Americans Disabilities Act. Our commitment includes providing a respectful working environment that is free from discrimination and harassment in the workplace. The commitment is made by the Longmont Emergency Unit in accordance with applicable Federal, State and Local laws and regulations.

### **Thank you for completing this application form and for your interest in volunteering with us.**