

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

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.

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.

Applicants must complete a background check through our third party company called Intellicorp. They fun a full consumer background that includes criminal history and driving record. Applicants must bring in their driver's license, social security card and/or birth certificate. Applicants are responsible for the all costs associated with their background investigation, typical cost per Applicant is \$30. References will be checked and employment history may be confirmed.

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