



Elbert Fire Rescue Volunteer Application

P.O. Box 98, 24310 Main Street, Elbert, Colorado 80106 (303) 648-3000

Personnel File

Middle In.

Address: _____

City: _____ State: _____ Zip: _____ Years at address: _____

Home Phone: _____ Email Address: _____

Date of Birth: ___/___/___ SS#: _____ DL#: _____

Date Driving Record Received: ___/___/___ Approved for Driver Training: Y / N

Employer: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

First Name

Emergency Contact

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Mobile #: _____

Medical Information and Identifying Marks

Allergies: _____

Current Medications: _____

Medical Conditions: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Do you wear contact lenses? Y / N If yes for how long? _____

Other: _____

Last Name

Office Use Only

Application Date: ___/___/___ Interview Date: ___/___/___ 6-Month Vote: ___/___ (Month & Year)

Joined Department: ___/___/___ Assigned Call #: _____

Terminated: ___/___/___ Reason _____

Equipment Issues
