



# GOLDEN GATE

## Fire Protection District

P.O. Box 843  
Golden, CO 80402-0483  
(303) 279-3538  
[www.goldengatefire.org](http://www.goldengatefire.org)

### MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Last Middle First

Email Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Own or Rent ? \_\_\_\_\_

Do you reside 5-7 miles of the District boundary ? \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone(s) Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

MM/ DD/Year

Date of last physical examination: \_\_\_\_\_

Colorado Driver's License No: \_\_\_\_\_ License Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### Emergency Contact Information:

#1 Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Employment Information:**

Occupation: \_\_\_\_\_

Current Employer: \_\_\_\_\_ How long employed: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work days and hours (include travel time): \_\_\_\_\_

If you have been with your current employer for less than five years, please describe your prior work experience:

\_\_\_\_\_  
\_\_\_\_\_

**Training and Experience Information:**

Have you ever been a member of a paid or volunteer fire department? \_\_\_\_\_ If yes, please provide details regarding your place and years of service: \_\_\_\_\_

\_\_\_\_\_

Have you ever received any training relating to firefighting fire suppression, fire investigation, emergency medicine ore related matters? \_\_\_\_\_ If yes, please provide details regarding the training you have received and attach copies of any certifications or licenses you hold:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any professional license or certificate of any kind revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? \_\_\_\_\_ If yes, please provide the dates of proceedings,

name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and a description of the final disposition.

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Have you ever had your driver's license revoked or suspended, or is any matter now pending against you which may result in revocation or suspension? \_\_\_\_\_ If yes, please explain in detail:

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Do you carry automobile liability insurance, at least to the minimum required by state law? \_\_\_\_\_

Members of the Golden Gate Fire Protection District fire department are expected to successfully complete extensive ongoing training that includes studying and strenuous physical activity. Working as a volunteer is also physically and emotionally demanding. It can require heavy lifting, pulling and pushing, climbing tall ladders, entering extremely small spaces, and facing dangerous circumstances. Responding to fires, accidents and other emergencies requires a volunteer to maintain his or her composure and think clearly in situations most people find very unpleasant or even shocking.

Additionally, a volunteer is expected to respond quickly from his or her residence, even if a call comes during the middle of the night or on a holiday. Are you willing and able to satisfy all of these requirements? \_\_\_\_\_

Prospective members and members of the Golden Gate Fire Protection District fire department may be subjected to security checks and physical examinations. Members may be required to undergo urinalysis or other drug or alcohol testing.

Members will also be required to abide by the District's rules and regulations and standard operating guidelines, the orders of superior officers, and directives from the District's Board of Directors. By signing this application you acknowledge the following:

1. That you have carefully read and truthfully responded to the questions set out above.

2. That you voluntarily consent to undergo such security checks, physical examinations and drug or alcohol testing as the District may require.
3. That you agree to abide by the District's rules and regulations and standard operating guidelines, the orders of superior officers, and directives from the Board of Directors.
4. That all gear and equipment provided by the District must be returned upon request and at termination or retirement in good condition, normal wear and tear excepted, and that you may be held financially responsible for damage through carelessness or recklessness.
5. That you understand that acceptance as a Member does not create any contract of employment or otherwise and that Members do not have the right to receive any compensation or other remuneration for services provided on behalf of the Golden Gate Fire Protection District.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Send Application to:

**Golden Gate Fire Protection District**

Fire Chief

P.O. Box 843

Golden, CO 80402-0843

**Questions**

**EMAIL:** [chief@goldengatefire.org](mailto:chief@goldengatefire.org)

**Phone:** 303/279-3538