



# LEFT HAND FIRE PROTECTION DISTRICT EMPLOYMENT OR VOLUNTEER APPLICATION

## PERSONAL INFORMATION

Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

Street Address: \_\_\_\_\_  
Street
City
ST
Zip

Mailing Address: \_\_\_\_\_  
Street
City
ST
Zip

Contact Info: \_\_\_\_\_  
( ) -
( ) -
@  
Home
Cell
E-Mail address

Current Colorado Driver's License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
- -
/ /

Date of Birth: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Pension Requirement)

Present Employer: \_\_\_\_\_ OK to Contact? Yes  No  Phone: \_\_\_\_\_ ( ) - \_\_\_\_\_

## EDUCATION INFORMATION

Type	School Name & Location	Years Attended	Year Graduated	Major or Specialty
<b>High School</b>				
<b>College/University</b>				
<b>Other</b>				
<b>Fire Related Education</b>	1. 2. 3.			
<b>Other useful skills or education</b>	(examples: Skills with foreign languages, esp. Spanish, Survival Training, Diving/skilled climber, etc – what will go here)			

Military Service		Rank		Separation	
Present Guard or Reserve				Rank	

Have you ever been convicted of any criminal activity? Yes  No  If "yes", please give details below





Lefthand Fire Protection District  
900 Lefthand Canyon Drive  
Boulder, CO 80302

## TRAINING AND IMMUNIZATION REIMBURSEMENT AGREEMENT

Reimbursement for EMS and Structure Fire training will be made upon the following schedule and conditions:

- 1) First, notify the Chief you wish to take EMT-B, First Responder, PALS, ACLS, IV certification, or Structure Fire Training and get approval.
- 2) It is recommended, and a benefit of membership in Left Hand Fire Protection District (LHFPD), for members to receive the Hepatitis B vaccine. This is also a prerequisite for emergency medical certification. They usually cost \$180 for the full series of 3 shots. LHFPD pays for them up-front.
- 3) Upon proof of successful completion of the class and obtaining the associated certification, you will be eligible for full reimbursement of class tuition plus any extra charges for required class books. Please copy all receipts of the cost of your training and final certification documents and submit them to the Chief.
- 4) You are required to give a minimum of 2 years of active service to LHFPD.  
If you fail to meet this requirement, then you will be required to reimburse LHFPD 100% of the cost of training and immunizations.  
If you have completed at least one year of active service, then you will only be required to reimburse LHFPD 50% of the cost of training and immunizations.
- 5) "Active service" is defined as attending a minimum of 12 hours of monthly medical trainings and 24 hours of monthly fire trainings per year, as well as responding to 33% of calls in the district. Additional training and volunteer activities, such as station and vehicle maintenance, wildfire mitigation activities, etc. can be considered, at the Chief's discretion.
- 6) The period of active service begins when you are issued a pager and station code. This happens at the Chief's discretion, usually soon after you complete your first basic training certification (FR/EMT, Structure, or Wildland.)
- 7) Allowances are considered for extenuating circumstances, on a case-by-case basis. They are at the sole discretion of the Chief. Please submit a letter to the Chief explaining any reasons why you are unable to comply with the above requirements.

It is up to you to maintain your certification and submit proof of training each time you recertify in the area you choose. LHFPD will pay for recertifications and refresher classes that have been approved by the Chief.

I \_\_\_\_\_ have read and agree to the above conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_