



Crystal Park Volunteer Fire Department Application for Auxiliary Membership

Name: _____ Home phone: _____
Address: _____ Cell phone: _____
City/Zip: _____ Work phone: _____

Years lived in Crystal Park: _____ Are you a year round resident? Yes _____ No _____
If no, explain _____
Seasonal dates of residence _____
If you live outside of Crystal Park, can you attend meetings and/or trainings held in Crystal Park? Yes _____ No _____ Explain: _____

Current Employment:

Job title: _____ Full-time? _____ Part-time? _____
Work location: _____
Work shift: _____
(For example: weekdays only, nights, weekends, shifts, 9-5, etc.)
Can you leave your job to respond to an emergency call? Yes _____ No _____
Sometimes _____
(Note particular days, weeks or months you may be unavailable for duty on a regular basis)

Previous Fire Department, Emergency Medical or Auxiliary Experience or Training:

Agency name: _____
Address: _____
Position/duties/training: _____

Education/Background:

Education: _____
Interests, skills or experience (e.g. fundraising, grant writing, media design, etc): _____
Special training: _____

Personal Information:

Do you have any physical conditions that could limit your performance in an emergency?
No _____ Yes _____ Describe: _____

Emergency contact #1 _____ Cell phone _____
Home phone _____ Work phone _____

Emergency contact #2 _____ Cell phone _____
Home phone _____ Work phone _____

Do you have a current Colorado driver's license? Yes _____ No _____ Other _____

Signature: _____ Date: _____