



CIBOLA COUNTY EMERGENCY SERVICES

700 E. Roosevelt Ave. Suite 50
Grants NM, 87020
(505) 285-2558 Office- (505) 876-5485 Fax



APPLICATION FOR VOLUNTEER PROGRAM

Applicant must complete all sections of the application. For areas that do not apply please put N/A.
INCOMPLETE APPLICATIONS WILL BE NOT BE ACCEPTED

Applicant Demographic Information (REQUIRED)					
Name (Last, First, M.I.)					
Mailing Address		City		Zip Code	
Physical Address		City		Zip Code	
Dates Lived at Current Address	TO: _____		FROM: _____		
Primary Phone		Secondary Phone		Email Address	
Date of Birth		Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	
Driver's License Number		State Issued Driver's License		Driver's License Expiration Date	

Which Volunteer Fire District do you wish to join? (✓ Check One)			
<input type="checkbox"/>	Bluewater Village Fire Dist. #11	<input type="checkbox"/>	El Morro Valley Fire Dist. #21
<input type="checkbox"/>	Candy Kitchen Fire Dist. #17	<input type="checkbox"/>	Fence Lake Fire Dist. #18
<input type="checkbox"/>	Cibola Fire Command	<input type="checkbox"/>	San Rafael Fire Dist. #9
<input type="checkbox"/>	Cubero Fire Dist. #8		

Applicant Certification/Licensure Information (Please attach copies)		
Type of Certification/License and Number	Initial Date of Certification/Licensure	Expiration

Applicant Education			
Institution/School	Degree/Certification Earned	Graduation Date	Dates Attended

Applicant Work History/Previous Experience				
Previous/Current Agency(s)	Job Title	Supervisor Name, Address and Phone #	Dates Worked	Reason for Leaving

Applicant Questionnaire					
1. As a member, which would you be most interested in?					
<input type="checkbox"/>	Fire Suppression	<input type="checkbox"/>	Emergency Medical Services	<input type="checkbox"/>	Support
<input type="checkbox"/>				<input type="checkbox"/>	Other (Describe): _____
2. Please tell us about any special skills or interests that you would like to utilize as a member.					
3. Please tell us what interests you about becoming a member of Cibola County Emergency Services and what alerted you to our search for new members at this time.					
4. Are you able to perform the essential functions of the level for which you are applying with or without reasonable accommodation?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please explain: _____					

Applicant Background Evaluation				
1. Do you have a valid driver's license?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2. Do you have a legal right to work in the United States?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3. Have you been convicted of any crime in the past 5 years? (Traffic Offenses) If you answered yes, explain in detail:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4. Have you ever been convicted of Driving While Intoxicated or Under the Influence? If you answered yes, explain in detail:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
5. Have you ever been convicted in the last five years of any criminal violation(s)? If yes, please list Year(s) and type of Violation(s):	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
6. Have you ever been convicted of any criminal offenses? Include misdemeanors, and/or Felonies. If you answered yes, explain in detail:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Medical/Health History

Please only disclose information you wish to make Cibola County Emergency Services aware of. If you do not wish to disclose such information the county will not be held liable for any illness/injury that may occur while acting as a member of the Cibola County Emergency Services due to undisclosed medical conditions.

1. Do you have any medical conditions or physical limitations that should be considered? Yes No
 If you answered yes, please explain:

2. Are you currently receiving any special medical treatment or medications? Yes No
 If you answered yes, please explain:

Emergency Contact Information

Name	Relationship	Phone Number	Address

Note: This Information will only be used in the event of an emergency!

Professional/Personal References

List at least two personal references. **Do not include relatives or employers.**

Name	Agency	Title	Phone	Address

Applicant Authorization and Agreement

Background Evaluation Authorization

I authorize the Cibola County Emergency Services to investigate, without liability, all statements contained in the membership application and supporting materials.

I also authorize references, employers, public safety agencies, and others, without liability, to make full response to any inquiries in connection with this application.

My signature authorizes drug screening, investigative reports, criminal history and driving record checks, reference checks, and physical examination if required.

Signature of Applicant

Date

Certification and Agreement

This statement must be initialed and signed. Please read the following statement carefully before initialing and signing.

____ I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge, and I have not intentionally omitted any information. If an investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected.

____ I certify that I will obtain all necessary certifications within the minimum qualifications for volunteer firefighters and/or EMS providers within two years of joining the Cibola County Emergency Services.

____ Cibola County Emergency Services and/or any representative thereof is hereby authorized to make investigation of my personal history, criminal history, driving record, and/or employment history and concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited.

____ I understand that nothing said or implied during the application process should be deemed to constitute the terms of a contract.

Signature of Applicant

Date

Printed Name

OFFICIAL USE ONLY

Background Check Passed

Yes No CCE Admin _____ Date _____

Application Accepted by District:

Yes No District Chief _____ Date _____

Notes: _____

Application Accepted by Fire Marshal's Office:

Yes No Fire Marshal: _____ Date _____