

**Copper Mountain Consolidated Metropolitan District  
 PO Box 3002  
 Copper Mountain, Colorado 80443  
 Phone 970-968-2300  
 Fax 970-968-2055  
 Volunteer Application  
 Copper Mountain Fire Department**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Phone (H) \_\_\_\_\_  
 \_\_\_\_\_ (W) \_\_\_\_\_  
 DOB \_\_\_\_\_ S.S.# \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Drivers License # \_\_\_\_\_  
 Coat Size \_\_\_\_\_ Pant Size \_\_\_\_\_ Shoe Size \_\_\_\_\_  
 Emergency Notification Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

Has your Drivers License been suspended, revoked, or denied: Y \_\_\_\_\_ N \_\_\_\_\_  
 Do you have any restrictions on your Drives License: Y \_\_\_\_\_ N \_\_\_\_\_  
 Do you have any physical limitations or health problems: Y \_\_\_\_\_ N \_\_\_\_\_  
 If yes please explain: \_\_\_\_\_

Do you have any Fire Department Experience?: Y \_\_\_\_\_ N \_\_\_\_\_  
 If yes, what department?: \_\_\_\_\_ Phone \_\_\_\_\_  
 Years There \_\_\_\_\_ Rank \_\_\_\_\_ Certification \_\_\_\_\_  
 Do you have any Medical Training?: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Certification \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

Department Use Only			
Drivers License Clear	_____	Valid _____	Date _____
CBI Clear	_____	Date _____	
Remarks	_____		

Approved