



# Westminster Fire Department Citizen Academy Application

**Please type or print all information**

Last Name:	First Name:	M.I.:
Mailing Address:		
City:	State:	Zip code:
Home Phone:	Mobile Phone:	
Email:		

### Place of Employment:

Address:

Position/Title:

Days/Hours Work:

Business Phone:

In Case of Emergency contact:

Emergency Phone Number:

Hospital Preference:

Any known medical conditions that may limit your ability to participate:

Current medications:

Any known allergies:

### Education

Check last grade completed:  
 High School  Associate Degree  Bachelor Degree  Master Degree

Are you presently enrolled in school/classes now? If YES, Please list class and days/times:

List any Fire Service or Emergency Medical Training: include fire training in military, first aid courses, CPR, etc. *List the most recent first* (Attach more pages if necessary)

Have you completed any other citizen academy, police or fire? Please list:

Are you a member of any Civic Groups/Professional Organizations?



In the future, citizens that complete the Westminster Fire Department Citizen Academy could become a member of a pool of volunteers to help with various (non-firefighting) projects concerning our department. Would you be interested in becoming a member of this group if one is formed:

Yes  No

Do you wish to make any last remarks?

---

---

---

---

The above information is correct to the best of my knowledge.

---

Signature of Applicant:

---

Date:

---

**DEADLINE TO APPLY: FEBRUARY 10, 2012**

Please mail, fax or email your completed application to the following:

Westminster Fire Department  
9110 Yates Street  
Westminster, CO 80031  
Attn: Sherrie L. Leeka  
Fax (303) 706-3913  
fire@cityofwestminster.us

Applications will be reviewed promptly. Those selected will be notified by mail no later than February 28, 2011. Classes begin on the first week of March.

**RIDE ALONG RELEASE AND BACKGROUND INFORMATION RELEASE MUST ACCOMPANY THIS APPLICATION.**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

In connection with my Citizen Academy application, I authorize Background Screening Services Inc., (BSS Inc.), to solicit information about my personal background including but not limited to information about my previous social security number verification, criminal court/arrest records, and general records history. No personal information obtained from social security number verification will be given to a third party. The information will be used to verify information provided by you.

Therefore, I release BSS Inc., and its employees, agents and all entities and their employees providing information or reports about me from any and all liabilities arising out of the release of any such information reports.

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

**Complete The Following Information and Print Legibly in Black Ink**

Last Name:		First Name:	M.I.:
Maiden/Previous:			
Current Address:		State:	Zip Code:
How Long at current address:			
Home Phone:		Date of Birth:	
Social Security Number:		Driver License NO. and State of Issue:	

**List all former addresses for the last SEVEN years, including city, state, zip codes and how long you lived in each location:**

1. \_\_\_\_\_ Dates: \_\_\_\_\_
2. \_\_\_\_\_ Dates: \_\_\_\_\_
3. \_\_\_\_\_ Dates: \_\_\_\_\_

Have you ever been convicted of a Felony or Misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Where?, When?, State? and County: \_\_\_\_\_

**Select The Type Of Background Reports For This Prospective Citizen**

**Office Use Only**

\_\_\_\_ Civil/Criminal Records \_\_\_\_ Motor Vehicle Record \_\_\_\_ Criminal Arrest Records  
 \_\_\_\_ License Verification \_\_\_\_ Abuse Registry \_\_\_\_ Workers Compensation Report  
 \_\_\_\_ Social Security Verification \_\_\_\_ Employment \_\_\_\_ Employment \_\_\_\_ Education

Individual Requesting Search: \_\_\_\_\_ Phone: 303-430-2400 ext. \_\_\_\_\_  
 Fax: 303-706-3913



## Station Ride-A-Long Guidelines and Information

ALL RIDERS must read and agree to the following guidelines and complete the following forms prior to participating in the Citizen Academy Station Ride-A-Long:

RELEASE OF CLAIMS, INDEMNITY AGREEMENT AND COVENANT NOT TO SUE  
POLICY ON CONFIDENTIALITY

### ***Scheduling Station Ride-A-Long***

All rides must be scheduled at least one week in advance through the Westminster Fire Administration offices at 9110 Yates Street, phone number 303-658-4500. Citizen Academy participants can schedule rides from 7:00 a.m. until 10:00 pm. Required station visit minimum time is eight (8) hours; maximum time is twelve (12). Your station visit can be divided into a minimum time blocks of four (4) hours.

### ***Cancellation of Station Ride-A-Long***

To cancel a station ride-a-long please call Fire Administration (303-658-4500) Monday through Friday, 8:00 am until 5:00 p.m. at least one working day before the scheduled visit. If you fail to cancel and do not keep the scheduled appointment, any future scheduled and/or scheduling of station ride-a-long will be at the discretion of Fire Administration Staff.

### ***Dress Code***

Citizen Academy participants are required to maintain a professional appearance and to wear dark slacks and a light sport shirt/blouse; socks or nylons, sturdy and supportive shoes; appropriate undergarments, jackets, hats, gloves for adverse weather conditions. NO jeans, shirts or jackets with patches or badges. No sandals, tennis shoes, clogs or open-toed shoes. Minimal jewelry, perfume and aftershave.

### ***Station Ride-A-Long Guidelines***

Citizen Academy participants are expected to observe only. **At no time will you participate in the care of a patient or take part in an emergency scene operation!**

Citizen Academy participants are encouraged to participate with station personnel for meals. Get with the officer in charge of buy-in for meals. If you choose not to eat with the station personnel please bring your own meal.

- A. Smoking is not allowed at any station or while riding in Westminster Fire Department vehicles.
- B. The Westminster Fire Department reserves the right to terminate the station ride-a-long due to civil unrest, weather, unusual work load, non-compliance with professional conduct or dress, or other unforeseen events. Termination of station ride-a-long may be made by the station Company Officer for violation of established policies.

**Westminster Fire Department**  
**Policy on Confidentiality and Dissemination of Patient Information and Station Visit**  
**Participant Agreement**

Given the nature of our work, it is imperative that we maintain the confidentiality of patient information that we receive in the course of our work. **The Westminster Fire Department prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations. Discussions of Protected Health Information (PHI) within the organization should be limited.** Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that Westminster Fire Department Ambulance (WFD) provides services to patients that are private and confidential and that I must respect the privacy rights of WFD's patients. I understand that it is necessary, in the rendering of WFD services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all WFD confidentiality policies and procedures during and after my station ride -a -long association with WFD. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of WFD (listed below) immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my station ride- a- long association with the WFD. Upon completion of my station ride- a- long association, or at any time upon request, I agree to return any and all patient confidential information in my possession.

I have read and understand the privacy policy that has been provided to me by the Westminster Fire Department. I agree to abide by this policy or be subject to disciplinary action, which may include verbal warning termination of my participation in the Westminster Fire Department Citizen Academy.

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

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

HIPAA Training provided by: \_\_\_\_\_

Westminster Fire Department Privacy Officer, (303) 658- 4500



**WESTMINSTER FIRE DEPARTMENT CITIZEN ACADEMY STATION RIDE-A-LONG  
RELEASE OF CLAIMS, INDEMNITY AGREEMENT AND COVENANT NOT TO SUE**

WHEREAS, I, \_\_\_\_\_, not being a member of the City of Westminster, Colorado Fire Department, have made a voluntary request to ride as a guest in a vehicle/apparatus assigned to the Westminster Fire Department and to accompany members of the Fire Department during the performance of their official duties and WHEREAS, The Westminster Fire Department is willing to allow me to ride as a guest in a vehicle/apparatus assigned to that department and to accompany members of said department during the performance of their duties.

**I DO HEREBY AGREE:**

1. That I am aware that the work of the Fire Department is inherently dangerous and that I may be subjected to the risk of death, personal injury or damage to my property by accompanying members of the department during the performance of their official duties and I freely, voluntarily and with such knowledge, assume the risk or risks associated with such activities, including but not limited to: death, personal injury, or property damage arising from or in any way connected with the use of weapons, unlawful acts or forcible resistance, law violators or suspected law violators, assault, riot, breach of the peace, fire explosives, gas, electrocution or the escape of hazardous substances, or the sustaining of injury in any other way while accompanying members of the department during the performance of their official duties.
2. That I exempt and release the City of Westminster, its public officials and employees and their sureties, all members of the Westminster Fire Department and their sureties, and each of them from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury to me or my property incurred while riding in any vehicle/apparatus assigned to the Westminster Fire Department or while accompanying members of the Department during the performance of their official duties or while on the premises of the Department, including such loss, damage or injury resulting from the negligence of the City of Westminster, its public officials and employees and their sureties, any members of the Westminster Fire Department and their sureties, and each of them, or from some other cause.
3. For myself, my heirs, personal representatives, executors, administrators and assigns to defend, indemnify and covenant not to sue the City of Westminster, its public officials and employees, any members of the Westminster Fire Department, their sureties and each of them, against any and all manner of actions, causes of action, suits, debts, claims, demands, damages or liability or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission by me or by them while riding in any vehicle/apparatus assigned to the Westminster Fire Department or while accompanying any member or members of said Fire Department during the performance of their official duties.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

**CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_