



## Fort Morgan Volunteer Fire Department Probationary Membership

*Complete application:*

- 1. Fill out entire application, remember to sign all pages.*
- 2. Complete DOT physical and attach to application.*
- 3. Attach a current photo.*
- 4. Make sure your employer signs your application.*

*Return completed application to Fort Morgan Fire Department*

*Application will be reviewed on the 2<sup>nd</sup> Tuesday of the month. Your application will then be turned over to the Trustee's.*

*One of the Trustee's will contact you by phone to set up and interview time.*

*The Trustee's will interview you and your family (wife, kids, etc.).*

*Applications and results of the interview will be presented in the next month's business meeting (2<sup>nd</sup> Tuesday of the month).*

*Your application will be reviewed and voted on by the members of the department for you to be a probationary member of the Fort Morgan Volunteer Fire Dept.*

*After the vote you will be contacted by phone of the decision of the department. If a yes vote is received, you will be asked to come to the fire hall to join the meeting that night.*



FORT MORGAN VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

When did you move to Ft. Morgan \_\_\_\_\_ SSN \_\_\_\_\_

Your Occupation and where employed \_\_\_\_\_

Married or Single \_\_\_\_\_ Spouse's name \_\_\_\_\_

Number of children \_\_\_\_\_ Name(s) of children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree to obey orders from your superior officers on all occasions ? Y/N \_\_\_\_\_

Applicant signature \_\_\_\_\_

Recommended by \_\_\_\_\_ And \_\_\_\_\_  
(Print) (Print)

I, the employer, have read and approve the above application. I agree to allow my employee's attendance at all fire calls whenever possible.

Signed \_\_\_\_\_  
Employer

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\*\*Fire Department use\*\*

We, the Investigating Committee, find this applicant qualified to become a probationary member of the Fort Morgan Volunteer Fire Department.

Trustee \_\_\_\_\_ Trustee \_\_\_\_\_ Trustee \_\_\_\_\_

Date of first reading \_\_\_\_\_ Back ground investigation submitted on \_\_\_\_\_

Date of election as a probationary member \_\_\_\_\_

VOTE For \_\_\_\_\_ Against \_\_\_\_\_

Date of election as a permanent member \_\_\_\_\_

VOTE For \_\_\_\_\_ Against \_\_\_\_\_



*Article XX, Concerning meetings: Regular meetings of the department shall be held at a place to be assigned by the City Council on the second Tuesday of each month and any member who shall be absent from (3) consecutive meetings or drills, without excuse acceptable to the Fire Chief, shall be summarily dismissed from the department.*

**If elected to the department, the conditions of the following Motion approved by the Department on April 9, 1975 will govern your election to permanent membership in the Fort Morgan Volunteer Fire Department.**

**Motion:** Applications will be taken on proposed members, presented and read to the department and investigated by the Trustees. If approved by the trustees, the application will be again presented to the department for ballot and if approved by a 3/4 majority vote of those present at the meeting, said applicant will become a probationary member for a period of one year.

All probationary members after completion of one year's service in the department will again be voted upon by all of the members on basis of his/her qualifications as a firefighter and in his/her attendance at all regular monthly meetings, fire calls, practices and drills under the conditions of Article XX of the by-laws concerning attendance. If reflected by the required 3/4 majority vote of those present at the meeting, said probationary member will become a qualified firefighter entitled to all the rights and privileges of the department. A probationary member shall have the right to vote during his/her probationary period.

I have read and understand Article XX  
I have read and understand the Motion.

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Signature

**\*\* Note \*\***

A back ground investigation will be completed by the City of Fort Morgan HR department. This will include criminal history and driving history.



VOLUNTEER RELEASE AUTHORIZATION

**APPLICANT – PLEASE RETURN THIS FORM DIRECTLY TO THE HUMAN RESOURCES DEPT. (City Hall, 110 Main Street, Fort Morgan; M-F; 8 am–5 pm)**

Print Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Former Name(s) Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Previous Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Previous Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License State & Number: \_\_\_\_\_

The information contained in this authorization is correct to the best of my knowledge. I hereby authorize the City of Fort Morgan and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the City of Fort Morgan or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

The City of Fort Morgan and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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

**Notice to California, Minnesota, and Oklahoma Residents:**  
Please check the box below if you wish to receive a copy of a consumer report that is requested.  
 I wish to receive a copy of any Background Check Report on me that is requested

***If you have any questions, please call the City's Human Resources Dept. at 542-3975 or 542-3974.***

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit), or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

**You must be told if information in your file has been used against you.** Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

**You can find out what is in your file.** At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identify theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for details about how to obtain your free report.

**You have a right to know your credit score.** Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on [www.ftc.gov/credit](http://www.ftc.gov/credit). In some mortgage transactions, you will get credit score information without charge.

**You can dispute inaccurate information with the consumer reporting agency.** If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**Inaccurate information must be corrected or deleted.** A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

**Outdated negative information may not be reported.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers.** A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

**You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers.** These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX.

**You may seek damages from violators.** If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file “active duty” alerts to help prevent identity theft. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

The FCRA gives several federal agencies authority to enforce the FCRA:

<b>TO COMPLAIN AND FOR INFORMATION:</b>	<b>PLEASE CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051