

**VOLUNTEER APPLICATION**

El Paso County Hazardous Materials Team  
3755 Mark Dabling Blvd.  
Colorado Springs, CO 80907  
719-575-8420



*Please Print Legibly*

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN Last Four \_\_\_\_\_

Do you have a valid CPR Card?

Yes  No

Special skills training? Yes  No

(Attach sheet listing skills/qualifications)

Do you have a driver's license? Yes  No

Do you have a Commercial Driver's License (CDL)? Yes  No

If yes, do you have a current medical card? Yes  No

Driver's License # \_\_\_\_\_ Driver's License State \_\_\_\_\_

Has your driver's license been suspended, revoked, or restricted for traffic infractions or points? Yes  No

If yes, describe when and circumstances:

VOLUNTEER APPLICATION Cont'd  
El Paso County Hazardous Materials Team  
3755 Mark Dabling Blvd.  
Colorado Springs, CO 80907  
719-575-8420



**Education**

Last School Attended: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

List additional skills or certifications (attach additional sheets if needed):

***IN CASE OF EMERGENCY, PLEASE NOTIFY***

**#1: Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**#2: Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

VOLUNTEER APPLICATION Cont'd  
El Paso County Hazardous Materials Team  
3755 Mark Dabling Blvd.  
Colorado Springs, CO 80907  
719-575-8420



**Personal References**

**#1: Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

**#2: Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

I hereby certify that all information provided in this application is true and accurate. False or misrepresentation of information will disqualify applicants from volunteer service.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_