

**COLORADO FALLEN FIREFIGHTER RESOURCE TEAM
COLORADO LOCAL ASSISTANCE STATE TEAM**

NAME: _____
ADDRESS: _____
EMAIL: _____
PHONE: HOME _____ CELL _____ WORK _____

AGENCY AFFILIATION

ORGANIZATION NAME: _____
ORGANIZATION ADDRESS: _____
RANK/POSITION: _____
YEARS OF SERVICE: _____
RETIRED/ACTIVE: (CIRCLE ONE)

LIST AREAS OF TEAM INTEREST AND SUPPORT: (CIRCLE INTEREST/S)

- 1. ADMINISTRATION
 - a. DOCUMENTATION FOR BENEFITS
 - b. CASE RESEARCH
 - c. FAMILY AND AGENCY CONTACT
- 2. CHAPLAIN
 - a. FAMILY SUPPORT
 - b. ORGANIZATION SUPPORT
 - c. CEREMONY PROTOCOLS
- 3. FINANCE
 - a. FUND RAISING
- 4. COORDINATOR
 - a. INCIDENT RESPONSE
 - b. TEAM DOCUMENTATION
 - c. TRAINING

PURPOSE:

WHAT IS YOUR PURPOSE IN VOLUNTEERING FOR THIS TEAM?-

LIST THREE REFERENCES, 1 MUST BE AN OFFICER WITHIN YOUR ORGANIZATION

- 1. _____ PHONE # _____
- 2. _____ PHONE # _____
- 3. _____ PHONE # _____

ARE YOU WILLING TO TRAVEL WITHIN COLORADO FOR DEPLOYMENT AND TRAINING? YES _____ NO _____

SIGNATURE _____ PRINT NAME _____ DATE _____

Return this form to Colorado Fallen Firefighter Resource Team
P.O. Box 261178
Lakewood, CO 80226