



DAISY MOUNTAIN FIRE & MEDICAL SPONSORSHIP APPLICATION

Position: **GCC SPONSORSHIP** Date of Application _____
(new application required for each semester request)

Name: _____
Last First Middle

Address: _____
Street City State Zip

Email Address: _____ Contact Phone: _____
(Please Circle One) Cell Home Work

Have you previously applied to us for a sponsorship? Yes No
(Please Circle One)

If yes, what year and semester? _____

Have you already completed the following prerequisites which must be completed by the first day of class? If you are currently enrolled, please indicate.

<p style="text-align: center;">HazMat First Responder <small>(Please attach copy of certificate or transcript showing passing grade)</small></p>	Yes	No	Currently enrolled <small>(Please Circle One)</small>
<p style="text-align: center;">EMT <small>(Please attach copy of EMT card or transcript showing passing grade)</small></p>	Yes	No	Currently enrolled <small>(Please Circle One)</small>
<p style="text-align: center;">CPR – Healthcare Provider Level <small>(Please attach copy of CPR card)</small></p>	Yes	No	Currently enrolled <small>(Please Circle One)</small>
<p>CPAT (must be completed within 6 months prior to class, after 7/01/22) <small>(Please indicate date and place of test)</small></p>	Yes	No	Currently enrolled <small>(Please Circle One)</small>

DATE OF CPAT _____ PLACE OF CPAT _____

Educational Background

Name, City, State	Years Completed	Graduate?	Course of Study	
High School				
College			Major	Degree
Other				

Employment History (Please give the last three jobs)

Dates Worked	Occupation or Title	Employer, City, State	Supervisor Name	Telephone #

**Three References – List and attach single page letters of reference from each of those listed below.
*Original, signed letters must be attached.**

(Please give: 1. a Fire Service or work-related reference, 2. an individual who has known you at least 5 years, & 3. one other reference)

Name	Occupation	Telephone #	Years Known

- Attachments Required:**
1. Copies of Fire Service/Related Certifications (as above)
 2. Copies of Letters of Reference (as above)

I understand that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Daisy Mountain Fire Department.

Please initial _____

I understand that if I am accepted in the sponsorship program I will be responsible for providing Daisy Mountain Fire Department with a copy of a physical exam performed on me **within the last 6 calendar months** showing that I am fit and able to perform the tasks necessary for this physically demanding course.

Please initial _____

I understand that if I am accepted in the sponsorship program I will be responsible for the care of the equipment entrusted to me by Daisy Mountain Fire Department.

Please initial _____

I agree that if I am accepted in the sponsorship program I will provide Daisy Mountain Fire Department with a copy of my Arizona Driver's License and a second form of identification, such as a Social Security Card.

Please initial _____

Signature of Applicant

Date



DAISY MOUNTAIN FIRE & MEDICAL
Basic Firefighter I & II Program Physical Examination

(Any physical within the past 6 months that includes the same information is acceptable)

NAME: _____ SSN: _____

ADDRESS: _____

CITY: _____ ZIP: _____

Do you have or have you ever had any of the following? If yes, please explain.

Medical Problem	YES	NO
Vision or Hearing Problems:		
Heart Problems:		
Childhood Diseases:		
Epilepsy, Diabetes, High Blood Pressure, Kidney Problems:		
Bone and/or Joint Disease or Injury; Back Injury:		
Serious Injuries, Major Surgery, Hernias:		
Mental Illness, Nervous Disorder:		
Drug, Alcohol Problems:		
Lung Disease:		
Skin Problems, Diseases:		

I hereby verify that the information above is true to the best of my knowledge.

Student Signature: _____

Student Name (please print) _____

**Physical Examination Page 2 of 2
For Licensed Healthcare Provider Only**

PERSONAL INFORMATION

Student Name: _____ Age: _____
Height: _____ Weight: _____

IMMUNIZATION HISTORY

Tuberculin Skin Test (PPD)	Date: _____	Result: _____
MMR Vaccine	Date: _____	Result: _____
Varicella (Chicken Pox)	Date: _____	Result: _____
Hepatitis B	Date: _____	Hx of Disease (Yes or no).

PHYSICAL EXAMINATION:

HEENT: _____	Lungs: _____
Heart: _____	Pulse: _____ BP: _____
Abdomen: _____	Extremities/Joints: _____
Neurologic/Mental: _____	
Corrected Vision: _____	

**A Students in the Firefighter I & II Program must be able to perform the following:
Lift, carry, and drag objects up to 160 lbs. Crawl through confined spaces. Carry, raise & climb ladders to heights of 110 ft. Participate in Fire and EMS related tasks while wearing full gear and equipment weighing up to 80 lbs. Carry hose, direct water streams. Use equipment such as bars, hooks, axes and sledgehammers to perform salvage, overhaul, and extrication tasks.**

Based on this physical examination, do you find any reason why this person cannot perform the activities listed above? YES _____ NO _____

If yes, please explain.

Print Examiner Name: _____ Date: _____

(RN, NP, PA, MD, or DO, only)

Signature: _____

Address: _____

Phone: _____