

Colorado Firefighter Trust

Full-Time, Part-Time, and Volunteer Firefighter List

Department										
FDID Number	r:									
First Name and Middle Initial	Last Name	Employee #	Gender	Birth Year	Date of Hire	Date of Termination	Years of Prior Full-Time Fire Service	Years of Prior Part- time Fire Service	Years of Prior volunteer Fire Service	Type (full-time, part- time, or volunteer)

Please submit completed forms to Trust Administrator Email: LShi@mcgriff.com Fax: (503) 943-6622 Phone: (503) 943-6372

Forms may also be mailed to: c/o McGriff, Seibels & Williams