

ColoradoSTAR Member Information

LName: FName:
 Address: P.O. Box:
 City: State: Zip:
 Primary Email: Pager Number:
 Day Phone: Night Phone:
 Primary Agency: Secondary Agency:
 LEO Sworn: Medical Cert/Lic:
 Emergency Contact: Relationship:
 Contact Day Phone: Contact Night Phone:
 Known Medical Conditions:
 Daily Rx:
 Medication Allergies:

Immunizations/Vaccinations

HEP A Flu:
 HEP B TB test:
 Smallpox: Other:

Duty (Primary) Sidearm Make:	
Duty (Primary) Sidearm Model:	
Duty (Primary) Sidearm SN:	
Duty (Primary) Sidearm Caliber:	
Duty (Backup) Sidearm Make:	
Duty (Backup) Sidearm Model:	
Duty (Backup) Sidearm SN:	
Duty (Backup) Carry Location:	
Duty Patrol Rifle Make:	
Duty Patrol Rifle Model:	
Duty Patrol Rifle SN:	
Duty Patrol Rifle Caliber:	

Long Gun Make:	
Long Gun Model:	
Long Gun Serial Number:	
Long Gun Caliber:	

Section:

Status:

On-line Core Competencies Training Completed:

Colorado Volunteer ½ day training accomplished:

NIMS

ICS-100

ICS-200

ICS-300

ICS-400

ICS-700

ICS-800

Last Pack Test Date:

Last Physical Date:

TEMS/TCCC:

Additional Language(s):

Additional Training/Certifications:

Hat/Helmet Size:

Shirt:

Pant:

Boot:

Gloves: