| four communities fire department volunteer Application | | | | | | | | |
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| **Fill out application electronically, then print and sign.**  This application must be accompanied by 2 clear and legible copies of your Florida Driver’s License and Social Security Card (or work visa) | | | | | | | | |
| Application Type: Volunteer Firefighter  Support Member | | | | | | | | |
| Last Name: | | | First Name: | | | | | Middle Initial: |
| Date of birth: | | SSN: | | | | | FL DL #: | |
| Current address: | | | | | | | How long at this address: | |
| City: | | State: | | | | | ZIP Code: | |
| Home Phone: | Cell Phone: | | | | Email: | | | |
| If your legal name has ever changed, please provide previous name and date of change: | | | | | | | | |
| Employment Information | | | | | | | | |
| Current/Most Recent Employer: | | | | | | | | |
| Employer Address: | | | | | | | How long: | |
| City: | | Phone: | | | | | Supervisor: | |
| Start Date: | | End Date: | | | | | Hours/Week: | |
| Position: | | Reason for Leaving: | | | | | | |
| Emergency Contact | | | | | | | | |
| Name: | | | | | | | | |
| Address: | | | | | | | Phone: | |
| City: | | State: | | | | | ZIP Code: | |
| Relationship: | | | | | | | Alt Phone: | |
| Personal/Background(Failure to disclose information will result in application rejection/Dismissal) | | | | | | | | |
| Has your driver’s license ever been suspended or revoked? Yes  No | | | | | Have you ever been arrested for DUI? Yes  No | | | |
| Have you ever received a criminal traffic citation? Yes  No | | | | Have you ever been treated for any form of substance abuse? Yes  No | | | | |
| Have you ever been arrested, convicted, pled nolo contendere, or had adjudication of guilt withheld with any criminal offense? Yes  No | | | | | | | | |
| Have you ever been denied membership in or employment by, any Fire, Law Enforcement or EMS organization? Yes  No | | | | | | | | |
| Do you have any limitations that would prevent you from participating in physical training or performing the activities of a Firefighter? Yes  No | | | | | | | | |
| Do you have any criminal charges pending against you or open arrest warrants? Yes  No | | | | | | | | |
| **If you have answered "Yes" to any of the above question, you MUST provide legal case documentation showing the information and the outcome before you can move on to the bio packet.**  *Note: A "Yes" answer to any of the above will not automatically disqualify you. The nature, job relatedness, severity and date of the offense may be considered.* | | | | | | | | |
| education, Military & Fire/ems experience *Copies of Certifications are NOT required at this time, but may be needed upon Membership Acceptance.* | | | | | | | | |
| Education (Highest Completed):  High School Diploma/GED  Some College  College Degree  Other: | | | | | | | | |
| Previous Dept. Name: | | Location: | | | | | Contact #: | |
| FL Firefighter 1  FL State Standards | | EMR/1st Resp.  FL EMT-B  FL Paramedic | | | | | NWCG Wildland S-130/S-190 | |
| Military Service: Yes  No  Branch: From: To: Type of Discharge: | | | | | | | | |
| Signature | | | | | | | | |
| I attest that all of the provided information is complete and accurate. Providing false information or omitting information is grounds for application rejection or membership termination. I also agree to abide by all SOPs and By-Laws, and to provide updates to any/all of the above information, in writing to the Fire Chief within 72 hours of any changes. I also understand that personal medical insurance coverage is not provided outside of Workers Comp injury coverage provided by BCFR on a emergency scene. Medical issues or payments for care or emergency services are the responsibility of the applicant / member. | | | | | | | | |
| Signature of applicant: | | | | | | | Date: | |
| \*\* FOR department use only \*\* | | | | | | | | |
| Application Date: | | Verified by: | | | |  | | |
| Accepted  Rejected | | OFFICIAL FCFD MEMBERSHIP DATE: | | | | | | |
| Notes: | | | | | | | | |