| four communities fire department volunteer Application |
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| Applicant InformationFill 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/Corporate 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 related information will result in application rejection or 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 convicted, pled nolo contendere, or had adjudication of guilt withheld in connection 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 details on the back or a separate sheet.***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: | Brevard County BECA [ ]  Sexual Offender Registry [ ]  |
| FL DL Copies [ ]  Soc. Sec. Copies [ ]  | Date Voted: | Accepted [ ]  Rejected [ ]  Withdrawn [ ]  |
| Notes: |