| four communities fire department volunteer Application | | | | | | | | |
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| Applicant Information 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/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: | | | | | | | | |