



## VOLUSIA COUNTY HAZMAT TEAM APPLICATION

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ BUSINESS PHONE:(\_\_\_\_)\_\_\_\_\_

HOME PHONE: (\_\_\_\_)\_\_\_\_\_ PAGER NUMBER:(\_\_\_\_)\_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

VCFS CAD # \_\_\_\_\_ HMRT RADIO ID # \_\_\_\_\_ HMRT POSITION \_\_\_\_\_

DATE OF LAST PHYSICAL: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DR'S NAME: \_\_\_\_\_

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14

DEGREES RECEIVED: \_\_\_\_\_

FIRE SERVICE EXPERIENCE: \_\_\_\_\_ YRS. EMS EXPERIENCE: \_\_\_\_\_ YRS. HAZMAT TEAM: \_\_\_\_\_ YRS.

CURRENT FIRE TRAINING LEVEL: \_\_\_\_\_ RANK \_\_\_\_\_

CURRENT EMS TRAINING LEVEL: \_\_\_\_\_ 1st RESPONDER \_\_\_\_\_ EMT \_\_\_\_\_ PARAMEDIC \_\_\_\_\_ OTHER

HAZMAT TRAINING LEVEL: \_\_\_\_\_ AWARENESS \_\_\_\_\_ OPERATIONS \_\_\_\_\_ TECHNICIAN, IC: YES NO  
(CIRCLE)

HAZMAT EMS TRAINING: \_\_\_\_\_ LEVEL 1 \_\_\_\_\_ LEVEL 2 \_\_\_\_\_ TOXMEDIC \_\_\_\_\_ NONE

HAZMAT TRAINING CERTIFICATES /HRS: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

RELATED EXPERIENCE/COURSES: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHIEF/SUPERVISOR'S \_\_\_\_\_  
NAME RANK SIGNATURE

**\*ATTACH A COPY OF YOUR DRIVER LICENSE AND ALL HAZMAT TRAINING CERTIFICATES\***