



VOLUSIA COUNTY FIRE SERVICES

VOLUNTEER APPLICATION

PRINT OR TYPE ALL INFORMATION

125 W. New York Ave

Suite 220

Deland FL 32720

Telephone: (386)736-5940 - DeLand

(386)254-4657 - Daytona

(386)574-0598 Osteen

(386)822-5025 - Fax

NAME: _____
 (Last) (First) (Middle)

ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____ E-MAIL: _____

DRIVER LICENSE #: _____ STATE: _____
 (Attach a Copy)

POSITION APPLIED FOR*:
 ___ FIREFIGHTER ___ SUPPORT (Includes Pump Operator and EMS/Rescue) ___ FIRE POLICE
 (*See back of application for brief explanation of each classification.)

STATION ASSIGNMENT REQUESTED: _____

EDUCATION/TRAINING:
 ___ High School Diploma ___ GED (A Copy of High School Diploma or GED must be attached.)
 ___ Vocational Schooling ___ College (_ AS _ AA _ Bachelors _ Masters _ Doctorate) Major: _____

Previous Training: ___ FL FF Minimum Standards ___ EMT (FL License) ___ Paramedic (FL License)
 ___ Volunteer Firefighter ___ Apparatus Operator ___ First Responder ___ CPR
 ___ EVOC ___ BloodBorne Pathogens ___ HazMat Awareness ___ IRHMI

Upon acceptance to Volusia County Fire Services, you will be asked to provide copies of certificates, vocational school and/or college diplomas.

PREVIOUS FIRE FIGHTING EXPERIENCE:
 ___ Volunteer ___ Career ___ Fire/Rescue ___ EMS ___ OTHER: _____

Describe prior service, name of department, length of service and reason for leaving, any commendations, awards, etc.:

APPLICANT CERTIFICATION:
 I hereby certify that I have not been convicted of a felony and that each answer to any questions herein and all other information is true and correct. I further certify that all such answers and information constitute full and complete disclosure of my knowledge. Incorrect, incomplete or false statements or information furnished by me may subject me to disqualification or to discharge at any time. If accepted by Volusia County Fire Services, I agree to comply with all its orders, rules and regulations. I authorize release of all the information contained above and hereby release the County of Volusia, its employees, my references, my former employers, schools and all individuals connected therewith, from all liability for any damages or injury whatsoever related to the taking of pre-membership examinations and the furnishing or use of this or related information. I understand that I must take and pass a drug screening test.

SIGNATURE: _____ DATE: _____

MISSION STATEMENT: Volusia County Fire Services, is committed to protecting life, property and the environment throughout the community we serve. We will provide the highest level of customer service through continuous improvement, reflecting pride and respect for our citizens, our organization and ourselves.