125 W. New York Ave, Suite 220
Deland, FL 32720

DeLand (386)736-5940
Fax (386)822-5025
Daytona (386)254-4657
Osteen (386)574-0598

VOLUSIA COUNTY FIRE SERVICES
VOLUNTEER APPLICATION

PRINT OR TYPE ALL INFORMATION

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

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.

Are you currently employed by Volusia County? ___ Yes ___ No

If yes, in what position and for what department/division: _____

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: To protect life, property, and the environment through efficient and responsive services.