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: |  |

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.