



Melbourne Beach Volunteer Fire Department

*507 Ocean Avenue
Melbourne Beach, FL 32951
(321) 724 - 1736*



FIREFIGHTER VOLUNTEER APPLICATION PACKAGE

Thank you for your interest in the Melbourne Beach Volunteer Fire Department. By working hand in hand with community members, we can provide the Town of Melbourne Beach with timely and effective emergency services at a fraction of the cost to taxpayers, while providing education and training to members.

There are many different reasons to volunteer. As a volunteer with the MBVFD, you will get to enjoy the comradery of working with other like-minded individuals in a fast paced environment, while helping others in their time of need. You will be giving back to your community, while learning about the fire service, and gaining invaluable skills and training that you will keep with you for the rest of your life. You will also get to participate in our Corporation led fun events such as our annual Haunted House, Golf Tournament, Christmas Parade, Santa Run, and volunteer appreciation days. Our volunteers also have 24/7 free access to our gym facility, as well as many free (cost-covered) training opportunities.

The Melbourne Beach Vol. Fire Dept. offers several ways to get involved in your local Fire Department. Contact us at (321) 724-1736 or at FireStation@MelbourneBeachFL.org for more information.

Minimum Volunteer Requirements:

- Good moral character
- No felony convictions
- Ability to get along with others
- Current US Citizen
- Dependable
- Valid Florida Driver's License
- Good driving record

Application Process:

Because there are a limited number of volunteer positions, selection will be based on qualifications, skills, and Dept. needs. To ensure that our volunteers meet the high standards of the Melbourne Beach Vol. Fire Dept., we ask that you complete the attached application and forms, and return them to the Melbourne Beach Vol. Fire Dept., 507 Ocean Ave., Melbourne Beach, FL 32951.

Upon the satisfactory review of your application and a background investigation, you may be contacted to schedule a meeting with the Fire Chief or his designee depending on position availability. After successful completion of the meeting with the Fire Chief, you will be scheduled for a Physical Exam and Drug Screening. You may also be subject to fingerprinting, depending on the investigators recommendations. If you have any questions about the application process, please contact Deputy Fire Chief Gavin Brown at (321) 724-1736, ext.2



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VOLUNTEER AGREEMENT

I agree and understand that any work I perform on behalf of the Melbourne Beach Volunteer Fire Department will be performed on a voluntary basis, and that I do not expect payment or other compensation for performing such work. I understand that the Town of Melbourne Beach or Melbourne Beach Volunteer Fire Department may terminate my volunteer status at any time. The Town of Melbourne Beach and the Melbourne Beach Volunteer Fire Dept. are under no obligation to reimburse me for training or work related expenses. I realize that the Melbourne Beach Volunteer Fire Department has certain expectations of me as a volunteer, and that if I cannot keep my volunteer commitment I will notify my supervisor.

I acknowledge and accept the obligation to serve the public while maintaining the highest ethical standards in personal and official conduct.

I have read and understand and will comply with the Melbourne Beach Volunteer Fire Departments policies regarding the following areas:

Confidential Information: Official business of this Department is confidential. The names and information of victims, emergency calls for service, and member information are not to be discussed outside of the Department. Volunteers shall discuss or give official information only to persons for whom information is intended, and as directed by supervisors or as required by law. No information shall be provided to the public or the press except within the guidelines of the Department. Failure to respect confidentiality will result in immediate termination.

Identification: You may be issued an identification card. You will be held responsible for it, and must report its loss to your supervisor immediately. You will not use it as a means to obtain, solicit, or accept services or favors or represent yourself in any means that will discredit the Melbourne Beach Volunteer Fire Department.

Injuries: You should report any injuries on the job to your supervisor immediately.

Volunteer Applicant Signature

Date



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GENERAL INFORMATION

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

OTHER NAMES: _____
(Including nicknames or any other names you have been known by)

DATE OF BIRTH: ____/____/____
(Month) (Day) (Year)

DRIVERS LICENSE: _____
(State) (Number) (Exp. Date)

SOCIAL SECURITY NUMBER: XXX - XX - _____
(Last 4 Only)

PRESENT ADDRESS: _____
(Number and Street)

(City) (State) (Zip)

TELEPHONE NUMBER: _____
(Home) (Work) (Cell)

(Best number to be contacted at) (Best time to be contacted)

E-MAIL ADDRESS: _____

SOCIAL MEDIA PAGES: Facebook Twitter Myspace Other: _____
(Check all that you have a profile for)

NOTICE: You must be a citizen of the United States or a permanent resident alien who is eligible for, and has already applied for citizenship. Can you provide such documentation? YES NO

PRIOR ADDRESS HISTORY

In order to complete the background check, please list all addresses you have permanently resided at within the past 10 years. (Use a separate sheet of paper if necessary)

PRESENT ADDRESS: _____
(Number and Street)

_____ *(City)* _____ *(State)* _____ *(Zip)*

_____ *(Time you have resided there)* **Were you renting?** YES NO

***IF RENTING:** _____
(Landlords Name) _____ *(Landlords Phone Number)*

PREVIOUS ADDRESS: _____
(Number and Street)

_____ *(City)* _____ *(State)* _____ *(Zip)*

_____ *(Time you have resided there)* **Were you renting?** YES NO

***IF RENTING:** _____
(Landlords Name) _____ *(Landlords Phone Number)*

PREVIOUS ADDRESS: _____
(Number and Street)

_____ *(City)* _____ *(State)* _____ *(Zip)*

_____ *(Time you have resided there)* **Were you renting?** YES NO

***IF RENTING:** _____
(Landlords Name) _____ *(Landlords Phone Number)*

PRIOR ADDRESS HISTORY (cont.)

PREVIOUS ADDRESS: _____
(Number and Street)

_____ (City) _____ (State) _____ (Zip)

_____ **Were you renting?** YES NO
(Time you have resided there)

***IF RENTING:** _____ (Landlords Name) _____ (Landlords Phone Number)

PREVIOUS ADDRESS: _____
(Number and Street)

_____ (City) _____ (State) _____ (Zip)

_____ **Were you renting?** YES NO
(Time you have resided there)

***IF RENTING:** _____ (Landlords Name) _____ (Landlords Phone Number)

PREVIOUS ADDRESS: _____
(Number and Street)

_____ (City) _____ (State) _____ (Zip)

_____ **Were you renting?** YES NO
(Time you have resided there)

***IF RENTING:** _____ (Landlords Name) _____ (Landlords Phone Number)

EMPLOYMENT HISTORY

In order to complete the background check, please list all employers that you have worked for within the past 5 years, starting with your current or most recent employment. Include all part-time, temporary, military, and volunteer positions. If you have had intervening periods of unemployment, please list those periods in sequence. (Use a separate sheet of paper if necessary)

CURRENT EMPLOYER:

Name: _____ Length of Employment: _____

Address: _____

Name of Supervisor: _____ Phone: _____

Position Held: _____

Work Duties: _____

Work Hours: Full-Time Part-Time Volunteer

Reason for leaving: _____

Not Employed From: ____/____/____ To: ____/____/____

PREVIOUS EMPLOYER:

Name: _____ Length of Employment: _____

Address: _____

Name of Supervisor: _____ Phone: _____

Position Held: _____

Work Duties: _____

Work Hours: Full-Time Part-Time Volunteer

Reason for leaving: _____

Not Employed From: ____/____/____ To: ____/____/____

EMPLOYMENT HISTORY (Cont.)

PREVIOUS EMPLOYER:

Name: _____ Length of Employment: _____

Address: _____

Name of Supervisor: _____ Phone: _____

Position Held: _____

Work Duties: _____

Work Hours: Full-Time Part-Time Volunteer

Reason for leaving: _____

Not Employed From: ____/____/____ To: ____/____/____

PREVIOUS EMPLOYER:

Name: _____ Length of Employment: _____

Address: _____

Name of Supervisor: _____ Phone: _____

Position Held: _____

Work Duties: _____

Work Hours: Full-Time Part-Time Volunteer

Reason for leaving: _____

Not Employed From: ____/____/____ To: ____/____/____

Were you ever subject to DISCIPLINARY ACTION in connection with any employment?

Yes No

If yes, give details:

EDUCATION HISTORY

PLEASE CHECK THE APPROPRIATE BOX(ES)

- I possess a high school diploma from a U.S. institution
- I passed the G.E.D. test
- I possess a two-year college degree
- I possess a four-year college or university degree
- I do not currently have a high school diploma or its equivalent

Please indicate below all of the schools you have attended beginning with high school. Schools may be contacted to verify information.

<u>Name of School</u>	<u>Address of School</u>	<u>Dates Attended</u> <u>From - To</u>	<u>Degree or</u> <u>Certificate</u> <u>earned</u>

REFERENCES

In the spaces below, please list at least 4 individuals who have known you for at least 5 year, other than relatives. If a category is not applicable, write in N/A. Be aware that your listed references may be contacted by MBPD or MBVFD to provide a character assessment.

Reference #1: _____
(Name) *(Relationship)* *(How long known for)*

(Phone Number where Reference can be contacted) *(Occupation)*

(Address where Reference can be contacted)

Reference #2: _____
(Name) *(Relationship)* *(How long known for)*

(Phone Number where Reference can be contacted) *(Occupation)*

(Address where Reference can be contacted)

Reference #3: _____
(Name) *(Relationship)* *(How long known for)*

(Phone Number where Reference can be contacted) *(Occupation)*

(Address where Reference can be contacted)

Reference #4: _____
(Name) *(Relationship)* *(How long known for)*

(Phone Number where Reference can be contacted) *(Occupation)*

(Address where Reference can be contacted)

LEGAL HISTORY

Are you currently under indictment for a felony warrant? Yes No

Have you ever been convicted of a felony? Yes No

If yes, give Charge: _____

Court: _____ Date: _____

Have you ever been arrested, detained, or taken into custody in this state, in any other state, in military service, or elsewhere, or were you ever investigated by a law enforcement or governmental agency? Yes No

If yes, how many times? _____ *(If yes, give details on a separate sheet.)*

Have you ever been placed on Court Probation as an adult?

Yes No *(If yes, please explain on a separate sheet)*

Have you ever been reported to a law enforcement agency as a missing person or runaway?

Yes No *(If yes, please explain on a separate sheet)*

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?

Yes No *(If yes, please explain on a separate sheet)*

Have you ever used any controlled substances without a prescription?

Yes No *(If yes, please explain on a separate sheet)*

TRAFFIC HISTORY

Do you currently possess a valid State of Florida Driver's License? Yes No

Does your driver's license currently have any restrictions or do you need any accommodations made to operate a motor vehicle?

Yes No (If yes, please explain on a separate sheet)

Have you ever been refused a driver's license by any state?

Yes No (If yes, please explain on a separate sheet)

Have you received any traffic citations (excluding parking tickets) within the past five (5) years:

Yes No (If yes, please explain on a separate sheet)

Has your driver's license ever been suspended or revoked?

Yes No (If yes, please explain on a separate sheet)

Have you ever been involved in an auto accident? Yes How many? _____ No

Were you judged at fault in any accident?

Yes No (If yes, please explain on a separate sheet)

MISC. HISTORY

MILITARY EXPERIENCE:

Are you an Armed Forces Veteran? Yes No

Branch of Service: _____ Rank: _____

Type of Discharge: _____

AVAILABILITY:

I am available to respond to alarms during the (check one):

Day: _____ Evening: _____ During the hours of: _____

ABILITY TO PERFORM JOB FUNCTIONS:

Are you able to perform the following tasks with or without accommodation?

Climbing _____

Lifting <50 lbs. _____

Wearing of Breathing Apparatus _____

TRAINING AND SKILLS:

List any training or skill which you feel would be an asset to the Department:

EMERGENCY CONTACTS

In the spaces below, please list any individuals you would like contacted in case of an emergency relating to your health or wellbeing while operating as a volunteer with the Melbourne Beach Vol. Fire Dept.

Name: _____ **Relationship to Applicant:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Name: _____ **Relationship to Applicant:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Name: _____ **Relationship to Applicant:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Name: _____ **Relationship to Applicant:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____



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The Melbourne Beach Volunteer Fire Department is authorized to verify any and/or all of the information contained in the application form. I understand that, in submitting this volunteer application for appointment, I agree to abide by the following terms and conditions:

I hereby certify that all statements made in this application are true and I agree and understand that any omission, falsification, misstatement, or misrepresentation may disqualify me as an applicant with the Melbourne Beach Vol. Fire Dept. All statements made by me on this application are true, correct, and complete, to the best of my knowledge. I understand failure to answer truthfully any question on this application will result in disqualification from the program.

I hereby release the Town of Melbourne Beach and the Melbourne Beach Volunteer Fire Department from any liability for access to my criminal history and motor vehicle records, including, but not limited to arrests, warrants, convictions, and disposition of charges. I understand that these matters are confidential and I give my full release and agreement to the Town of Melbourne Beach to use my information to determine my eligibility for membership in the Melbourne Beach Volunteer Fire Department.

I understand that all statements are subject to a complete background investigation, including a check of my training and experience statements. All information I give will be considered in reviewing my application.

My acceptance may be contingent upon the results of a complete drug test. I may be required to take drug tests during the term of my appointment as a volunteer with the Melbourne Beach Volunteer Fire Department.

I authorize all persons and organizations referenced in this application to furnish the Melbourne Beach Volunteer Fire Department information, personal or otherwise, regarding my ability and fitness for employment. I relieve all such parties, including the Melbourne Beach Vol. Fire Dept. from any and all liability for any damage that may result from furnishing such information to the Melbourne Beach Vol. Fire Dept.

If accepted for appointment as a volunteer, I agree to abide by and comply with all rules, regulations, policies and procedures of the Melbourne Beach Volunteer Fire Department. I understand and agree that I am free to terminate my appointment at any time. I further understand that the Town of Melbourne Beach has the right to terminate my appointment with or without cause. I understand and acknowledge that all information I receive or that comes to my knowledge while working with the Fire Department will be treated as confidential and not discussed with anyone. A violation of this trust will result in termination from the Melbourne Beach Volunteer Fire Department. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the Melbourne Beach Vol. Fire Dept.

I SWEAR OR AFFIRM THE ABOVE INFORMATION AND CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT.

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS

____ DAY OF _____, _____ BY _____

Printed Name

WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED THE FOLLOWING IDENTIFICATION: _____

Signature of Notary Public, State of Florida at Large

Notary Printed Name: _____ My Commission Number: _____

AUTHORITY TO RELEASE PERSONAL INFORMATION:

I authorize investigation of all statements contained in this application. I further authorize all past employers and schools to release information to the Melbourne Beach Volunteer Fire Department, including but not limited to, attendance records, rating forms, written or verbal evaluations, and academic transcripts. I understand that misrepresentation or omission of facts called for on this application is cause for rejection.

SIGNATURE: _____ **DATE:** _____

AUTHORITY TO INVESTIGATE PERSONAL INFORMATION:

I hereby authorize the Melbourne Beach Volunteer Fire Department, to conduct an investigation into my background including criminal history, driving record, previous employment, educational background, medical history, and to conduct any other investigation that it deems appropriate. I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officer or other appropriate persons to furnish the Melbourne Beach Volunteer Fire Department with all information it may have pertaining to me. I hereby release the Melbourne Beach Volunteer Fire Department, such custodians and the Melbourne Beach Police Department, judicial officer or any other individual from any liability arising from the disclosure of any information pertaining to be which is obtained during said investigation.

SIGNATURE: _____ **DATE:** _____

FULL NAME (please print): _____

ADDRESS: _____
(Number and Street) (City, State and Zip Code)

DATE OF BIRTH: _____

DRIVER LICENSE NO.: _____

SOCIAL SECURITY NO. (last 4 only): XXX – XX – _____

REQUIRED DOCUMENTS LIST

The following should be brought with you to our Station when you turn in your Volunteer Application.

- A copy of your birth certificate or Passport
- A copy of your current driver's license
- A copy of your high school diploma, GED certificate, certificate of high school proficiency, and/or college diploma.
- A copy of your DD214 Long Form if you were in the military, along with any awards or decorations you received.
- Copies of any other certificates, state licenses, awards, recognitions, etc. you would like considered.