



Avalon Fire Rescue



Application for Membership

Note: Application must be filled out completely. Do not remove any of the pages of this application. Applications expire six (6) months from date of submittal. Applicants must reapply to maintain an active application.

Please Return to:
Avalon Fire Rescue
5408 Mulat Road
Milton, FL 32583

Phone: (850) 994-4445 Fax: (850) 994-8681

Type of Membership Application:			
<input type="checkbox"/> Volunteer Firefighter			
<input type="checkbox"/> Junior Firefighter (<i>must be a minimum age of 16 years old to apply</i>)			
<i>Note: Release to be signed by parent or legal guardian and notarize. Application will not be accepted until completion and receipt of this release.</i>			
PERSONAL INFORMATION			
Last Name		First Name	Middle Name
Address:		City	State Zip Code
E-mail Address:		Social Security Number _____/_____/_____	
Telephone Number: _____ Cell Number: _____ Alternate Number: _____		Date of Birth _____	
Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No		State Issued: _____	
License #: _____		Issue Date: _____ Expiration Date: _____	
EDUCATION			
Check Highest Grade Completed: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED or Equivalent			
Check Highest College Grade Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduate Studies: <input type="checkbox"/> Yes <input type="checkbox"/> No			
College or University	Location	Degree Type And Major (e.g. BA, BS)	Degree Earned?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATES AND LICENSES				
Note: Please provide copies of all Certificates/License				
Type: Certificate/License #:	State:	Date Issued:	Date Expires:	Issuing Agency:
Type: Certificate/License #:	State:	Date Issued:	Date Expires:	Issuing Agency:
Type: Certificate/License #:	State:	Date Issued:	Date Expires:	Issuing Agency:
Type: Certificate/License #:	State:	Date Issued:	Date Expires:	Issuing Agency:
Office/Computer Skills:				
Other Skills:				
SPECIALIZED SKILLS - Check Skills				
Provide License/Certificate Information Above				
Microsoft Word		Emergency Medical Technician or Paramedic		
Microsoft Excel		First Responder		
Microsoft PowerPoint		Certified Firefighter I or II		
Grant Writing				
REFERENCES				
List three (3) references, excluding relatives, you have known for more than 5 years				
Name	Address	Telephone Number	Relationship to you	
1.				
2.				
3.				
EMPLOYMENT EXPERIENCE				
Start with your present or last job. <i>Include any job-related military service assignments and volunteer activities.</i>				
1. Employer	Dates Employed From: To:		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City		State	Zip
Telephone Number(s)			Hours Worked per week:	
Job Title:				
Duties:				

Supervisor:			
Reason for Leaving:			
2. Employer	Dates Employed From: To:		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip
Telephone Number(s)		Hours Worked per week:	
Job Title:			
Duties:			
Supervisor:			
Reason for Leaving:			
3. Employer	Dates Employed From: To:		May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip
Telephone Number(s)		Hours Worked per week:	
Job Title:			
Duties:			
Supervisor:			
Reason for Leaving:			
FIREFIGHTER SUPPLEMENTAL QUESTIONNAIRE			
<p>1. Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. How long have you lived in this fire district? _____ Years _____ Months</p> <p>4. Do you have a valid Commercial Driver's License (CDL?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

5. Have you received any traffic citations in the past 3 years? Yes No

If yes, please indicate type(s) and date(s): _____

6. Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? Yes No

If yes, please describe the circumstances:

7. Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a felony? Yes No

If yes, please describe the circumstances:

8. Do you have any medical problems? Yes No

Note: A physical may be required prior to membership acceptance.

If yes, please explain:

9. Are you able to work well as a team and work well with others? Yes No

10. Do you have time to be a Volunteer Firefighter? Yes No

Note: There are many hours of training mandated by the state and minimum department call and meeting percentages that have to be met to remain as an active member.

11. Do you have any Firefighting Experience? Yes No

Note: If you have this experience, please indicate how much experience you have and where you obtained this experience. (Make sure this experience is listed in your work history section above as well).

Amount of Experience: _____

Previous Department Name: _____

Address of Previous Department: _____

Previous Department Contact Name and Phone Number: _____

EMERGENCY CONTACT INFORMATION

In Case of Emergency:

Primary Contact Name: _____

Contact Phone Number(s): Home: _____ Cell: _____

Work: _____ Alternate: _____

Relationship of Emergency Contact: _____

Secondary Contact Name: _____

Contact Phone Number(s): Home: _____ Cell: _____

Work: _____ Alternate: _____

Relationship of Emergency Contact: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for membership as may be necessary. I also give permission to conduct Background Check, Drivers License Check and Employment Verifications as indicated in those sections of the application.

This application for membership shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered as a member beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of membership or employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or dismissal from Avalon Fire Rescue Dept. I understand, also, that I am required to abide by all rules and regulations adopted by the Avalon Fire Rescue District.

Signature of Applicant

Date

Department Use Only - Do Not Write In this Area:

Date Application Received _____

Picture Taken? Yes No

Date Reviewed by Board: _____

Accepted?? Yes No

If not accepted, reason: _____

Copy provided to Chief? Yes No

Background, Drivers License and Employment Check

Background Check Completed Yes No

Date of Background Check: _____

Driver's License Check: Yes No

Date of Driver's License Check: _____

Employment Check: Yes No

Date of Employment Check: _____

Document any issues or findings below from checks above:

Date of Discussion with Chief: _____

Date Appointed by Chief: _____

Application Process

- 1) Application to be completed and received by Avalon Fire Rescue Fire Dept.**
- 2) Application will be reviewed by the Membership Committee for completeness. The membership committee will contact the applicant to schedule a time schedule Board meeting is generally the first Thursday of every month.**
- 4) If recommended by the Membership Committee, the application will be forwarded to the Board of Trustees and Chief for review and final approval.**
- 5) When approved, the Chief will contact you directly.**

During the application process, you are welcomed and encouraged to attend training sessions and meetings.

If you have any questions about this application or have not heard back regarding status within 30 days, please contact Chief Sid Wiggins at 850-516-5642.