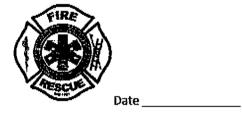
## INDIAN RIVER COUNTY FIRE RESCUE VOLUNTEER APPLICATION



(A copy of this application and all applicable attachments must accompany the VBVFD PAR if the person below is being referred to IRC for ACTIVE ride status.)

PERSONAL DATA (Please Print Name (first, middle, last)			Phone #	
Address, City, State, & Zip		E-Mail		
Place of Birth:	D.O.B	5ex: M or	F Race_	
Marital Status: single married divorc	ed			
SS# Drivers Lic # _			_ Expiration _	
Have you ever had a Driver's License in another st	tate? Yes No _	If yes, Where?		
Person to be notified in case of an accident or er	nergency:			
Name	Phone #			·
Relationship	Address	OTTORINA III	_	
EMPLOYMENT:				
Employer			Phone#_	
Address				
Previous Employer		Reason for	leaving	
Address		,		
MILITARY SERVICE RECORD: Armed Forces - Yes o	or No - Branch	Ωccupa	ntion	
Dates of Duty: Fromto _	to Type of Discharge			
EDUCATION:				
Grade Completed: Grade School 1 2 3 4 5	678 High School	1 2 3 4 College 1	2 3 4 Gra	aduate 1 2 3 4
High School	Location	Y	ear Graduated	
College	Location	^	Aajor	Degree
Medical or Fire Training	Certification Nu	mber		
Florida Minimum Fire Recruit Florida Minimum Volunteer Bas	ic			
EMT (Emergency Medical Tech.)				
Paramedic				
EVOC				
First Aid				

Special Skills and Qualifications:	
Other Training:	
ENCES (Names, Addresses, and Phone Numbers)	
(1)	
(2)	
(3)	
PLEASE READ CAREFULLY APPLICANTS CERTIFICATION AGREEMENT	
Fitness ~ I understand I may be asked to submit to a drug and/or alcohol screening test. I am aware that any illegal or control substance which shows in my test results will cause immediate disqualification from the department.	le
Certification - I agree that any false or misleading information supplied by me will be cause for canceling the application. I have answered all the questions on this form truthfully and complete to the best of my knowledge. I authorize the department make any investigation of my personal history.	t
I agree to abide by all department by-laws, rules and regulations and request admission as a volunteer for the Vero Beach Volunteer F Department	ir
Signature of Applicant Date	
	ENCES (Names, Addresses, and Phone Numbers)  (1)  (2)  (3)  PLEASE READ CAREFULLY APPLICANTS CERTIFICATION AGREEMENT  MENTS:  Probation Period - I understand that my status with the Vero Beach Volunteer Fire Department is temporary during the six-(6) mor probationary period established. My tenure may be ended or extended before the expiration of that period for any reasonal complaint without recourse.  Fitness - I understand I may be asked to submit to a drug and/or alcohol screening test. I am aware that any illegal or controll substance which shows in my test results will cause immediate disqualification from the department.  Statement of Applicant - I authorize my current or former employers to furnish records of my service. This includes all information that may have concerning me, whether on record or not. I also release them from any liability for any damage in providing this information. I have answered all the questions on this form truthfully and complete to the best of my knowledge. I authorize the department make any investigation of my personal history.  I agree to abide by all department by-laws, rules and regulations and request admission as a volunteer for the Vero Beach Volunteer F Department.



## INDIAN RIVER COUNTY FIRE RESCUE

## **HOLD HARMLESS AGREEMENT**

Release and Waiver of Liability

	······································				
Legal Name	HÉREBY RELEASE, DISCHARGE, AND				
COVENANT NOT TO SUE INDIAN	RIVER COUNTY DEPARTMENT OF EMERGENCY				
SERVICES, ITS TRUSTEES, OFFICE	RS, EMPLOYEES, AGENTS OR VOLUNTEERS, AND IF				
APPLICABLE, OWNERS AND LESS	ORS OF PREMISES ON WHICH THE ACTIVITY TAKES				
PLACE FROM ALL LIABILITY, CLAI	MS, DEMANDS, LOSSES, OR DAMAGES ON MY				
ACCOUNT CAUSED BY OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE					
NEGLIGENCE OF THE "RELEASEE:	5."				
I FURTHER AGREE, THAT IF, DESF	PITE THIS RELEASE AND WAIVER OF LIABILITY,				
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, OR ANYONE ON MY BEHALF,					
MAKES A CLAIM AGAINST ANY O	F THE RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD				
HARMLESS EACH OF THE RELEAS	EES FROM ANY LITIGATION EXPENSES, ARBITRATION				
EXPENSES, MEDICAL EXPENSES, A	ATTORNEY FEES, LOSS, LIABILITY, DAMAGE OR COST				
WHICH MAY BE INCURRED AS TH	IE RESULT OF SUCH CLAIM.				
I HAVE READ THIS AGREEMENT,	FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I				
HAVE GIVEN UP SUBSTANTIAL RI	GHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND				
WITHOUT ANY INDUCEMENT OR	ASSURANCE OF ANY NATURE AND INTEND IT TO BE A				
COMPLETE AND UNCONDITIONA	L RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT				
ALLOWED BY LAW AND AGREE T	HAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO				
BE INVALID, THE BALANCE, NOT\ EFFECT.	WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND				
SIGNATURE	DATE				
Before me personally appeared t	the eated				
	he above instrument of his/her own free will and				
	ne above instrument of his/her own free will and he purpose thereof. Sworn and subscribed in my				
presence this day of	• •				
presence tins day of	,				
	NOTARY PUBLIC				
My commission expires:					
	<del>_</del>				

## INDIAN RIVER COUNTY FIRE RESCUE PERSONAL INQUIRY WAIVER, RELEASE AUTHORIZATION & AFFIDAVIT

DATE:	FULL NAME:	
DATE OF BIRTH:	Last 4 Digits of your SOC	IAL SECURITY #
POSITION APPLIE	D FOR: MEMBER OF THE VERO BEACH V	OLUNTEER FIRE DEPARTMENT
	cial statements.—Whoever knowingly makes a false statence of his official duty shall be guilty of a misdemeanor s.775.084.	
under charges for You may om before your a conviction Do you use tobacc	an offense against the law? Yes nit: (1) traffic violations for which you paid a fine	e of \$30.00 or less; and (2) any offense committed juvenile court or under a youth offender law. NOTE: binted.
investigation of m but not limited to Diplomas, Credit F	e: Employment Records, School Records, Ratings, Police Records and Court Files. T nergency Services in determining my qual	and to review any and all records including Military Records, Training Certificates, his information is to be used by the
HARMLESS AND IN County Departme agents, subcontra institution furnish including but not i information obtail furnishing, inspect investigation mad the public policy o	•	e Department, Inc." and "Indian River fficers, employees, representatives, any other person, entity, organization or liabilities of every nature and kind, on of privacy, related tort claims, misuse of claim or cause of action arising out of the ecords, and other information, or the ess such release is determined to violate onty, and in that event, this release will be
SIGNATU	URE OF APPLICANT	
he/she executed t	nally appeared the saidthe above instrument of his/her own free eof. Sworn and subscribed in my presence	
	NOTARY PUBL	C My commission expires: