

INDIAN RIVER COUNTY FIRE RESCUE VOLUNTEER APPLICATION



Date \_\_\_\_\_

*(A copy of this application and all applicable attachments must accompany the VBVPD 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. \_\_\_\_\_ Sex: M or F Race \_\_\_\_\_

Marital Status: single \_\_\_ married \_\_\_ divorced \_\_\_

SS# \_\_\_\_\_ Drivers Lic # \_\_\_\_\_ Expiration \_\_\_\_\_

Have you ever had a Driver's License in another state? Yes \_\_\_ No \_\_\_ If yes, Where? \_\_\_\_\_

**Person to be notified in case of an accident or emergency:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

**EMPLOYMENT:**

Employer \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Previous Employer \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_

**MILITARY SERVICE RECORD:** Armed Forces - Yes or No - Branch \_\_\_\_\_ Occupation \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ to \_\_\_\_\_ Type of Discharge \_\_\_\_\_

**EDUCATION:**

Grade Completed: Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

High School \_\_\_\_\_ Location \_\_\_\_\_ Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Location \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

**Medical or Fire Training**

**Certification Number**

_____ Florida Minimum Fire Recruit	_____
_____ Florida Minimum Volunteer Basic	_____
_____ EMT (Emergency Medical Tech.)	_____
_____ Paramedic	_____
_____ EVOC	
_____ First Aid	
_____ CPR	

Vocation Training: \_\_\_\_\_

Special Skills and Qualifications: \_\_\_\_\_

Other Training: \_\_\_\_\_

**REFERENCES (Names, Addresses, and Phone Numbers)**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**PLEASE READ CAREFULLY  
APPLICANTS CERTIFICATION AGREEMENT**

**AGREEMENTS:**

- (1) Probation Period - I understand that my status with the Vero Beach Volunteer Fire Department is temporary during the six-(6) month probationary period established. My tenure may be ended or extended before the expiration of that period for any reasonable complaint without recourse.
- (2) Fitness - I understand I may be asked to submit to a drug and/or alcohol screening test. I am aware that any illegal or controlled substance which shows in my test results will cause immediate disqualification from the department.
- (3) Statement of Applicant - I authorize my current or former employers to furnish records of my service. This includes all information they may have concerning me, whether on record or not. I also release them from any liability for any damage in providing this information.
- (4) 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 to make any investigation of my personal history.
- (5) I agree to abide by all department by-laws, rules and regulations and request admission as a volunteer for the Vero Beach Volunteer Fire Department..

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**INDIAN RIVER COUNTY  
FIRE RESCUE  
HOLD HARMLESS AGREEMENT**  
Release and Waiver of Liability

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\_\_\_\_\_

*Legal Name*

HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS OR VOLUNTEERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED BY OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES."

I FURTHER AGREE, THAT IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, OR ANYONE ON MY BEHALF, MAKES A CLAIM AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ARBITRATION EXPENSES, MEDICAL EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE OR COST WHICH MAY BE INCURRED AS THE RESULT OF SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS 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 UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Before me personally appeared the said \_\_\_\_\_  
who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

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

DATE: \_\_\_\_\_ FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Last 4 Digits of your SOCIAL SECURITY # \_\_\_\_\_

POSITION APPLIED FOR: **MEMBER OF THE VERO BEACH VOLUNTEER FIRE DEPARTMENT**

NOTE: 837.06 False official statements.—Whoever knowingly makes a false statement in writing with the intent to mislead a public servant or the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in 5.775.082, 5.775.083, or 5.775.084.

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for an offense against the law? Yes \_\_\_\_\_ No \_\_\_\_\_

You may omit: (1) traffic violations for which you paid a fine of \$30.00 or less; and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a youth offender law. NOTE: a conviction does not automatically mean you cannot be appointed.

Do you use tobacco products? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you presently dependent upon drugs or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

I specifically authorize the "Indian River County Department of Emergency Services" to conduct an investigation of my background as well as moral character and to review any and all records including but not limited to: Employment Records, School Records, Military Records, Training Certificates, Diplomas, Credit Ratings, Police Records and Court Files. This information is to be used by the Department of Emergency Services in determining my qualification and fitness for the position for which I have applied.

By this Release Authorization, I HEREBY FOREVER RELEASE, DISCHARGE, EXONERATE, HOLD HARMLESS AND INDEMNIFY the "Vero Beach Volunteer Fire Department, Inc." and "Indian River County Department of Emergency Services", its trustees, officers, employees, representatives, agents, subcontractors, and independent contractors and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from the Department and any other claim or cause of action arising out of the furnishing, inspecting, or copying of any documents, files, records, and other information, or the investigation made by or on behalf of the Department, unless such release is determined to violate the public policy of the State of Florida or Indian River County, and in that event, this release will be permitted to the maximum extent allowed by the governing law.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_