



SERVING SINCE 1951

INDIAN ROCKS VOLUNTEER FIREMEN'S ASSOCIATION

of Pinellas Suncoast Fire & Rescue

Station 27 – 304 First Street, Indian Rocks Beach, Florida 33785

Emergency 911 – Phone (727) 595-1117 x 114 – Fax (727) 595-5879
e-mail: irvfa@psfrd.org Web: www.psfrd.org/irvfa

Thank you for considering our organization. Our current policy is to recruit new members into the Organization during the months of March and September, (subject to our staffing requirements). Your application will be placed on file and you will be contacted 30 days before the recruitment period starts to see if you are still interested. Outside of our normal recruitment period, there may be the possibility to join as a Social Member, to assist us with fundraising and to promote and support the activities of the Organization.

Please include as much information as you can, as this will help in the process of your application.

Please attach the following:

1. Current State of Florida Drivers License or ID Card
2. High School Diploma, GED Certificate or Equivalent
3. Birth Certificate
4. Social Security Card or Resident Alien Certification
5. Fingerprint card
6. Two-passport photos

If you have the following please attach:

- State of Florida Fire Service Certifications
- State of Florida Emergency Medical Service Certifications
- Any relevant Fire/EMS documentation.

If you have any questions about these forms please contact us at 727-595-1117 x 114

Thank you for your interest.

Marshall Eiss, President

Indian Rocks Volunteer Firemen's Association



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Membership Application

DATE: _____

ID# _____

Name _____
First Last Middle

Address _____

City: _____ State: _____ Zip: _____

How long have you been a Florida resident? _____ Rent/Own: _____

Age: _____ D.O.B _____ / _____ / _____ SSN: _____ - _____ - _____

Ht: _____ ft. _____ in. Wt: _____ lbs. Blood Type: _____ Marital Status: _____

Home Ph:(____) _____ - _____ Cell Ph:(____) _____ - _____ Work Ph:(____) _____ - _____

E-Mail: _____ 2nd E-Mail _____

Current Employer: _____ How Long: _____

Address: _____ Ph: (____) _____ - _____

City: _____ State: _____ Zip: _____ May we Contact? _____

Former Employer _____ How Long: _____

Address: _____ Ph: (____) _____ - _____

City: _____ State: _____ Zip: _____ May we Contact? _____

List two personal references that are not related to you or involved with the Indian Rocks Volunteer Firemen's Association or the Pinellas Suncoast Fire Rescue District:

1. Name: _____ Phone: (____) _____ - _____

Address _____ City: _____ State: _____

2. Name: _____ Phone: (____) _____ - _____

Address _____ City: _____ State: _____

In case of emergency contact:

Name: _____ Phone: (____) _____ - _____

Address: _____ City _____

State: _____ Zip _____ Relationship: _____

Personal Physicians Name: _____

Physicians Phone Number: (____) _____ - _____ Insurance: _____

Do you have a criminal (Felony) history: _____

If Yes Explain: _____

Highest level of education: High School: _____ Diploma Equivalent: _____ Collage: _____

Military Service: _____ Branch: _____ Copy of DD214: _____

Are you a Certified Florida Firefighter: _____ Are you a Certified Florida EMT: _____

List any Fire or EMS certifications with dates, numbers and state issued. (Include: photocopies of the certificates).

Explain in your own words why you want to become a member of the Indian Rocks Volunteer Firemen's Association.



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PERSONAL INQUIRY WAIVER

Applicants Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____

State: _____ Zip: _____

I respectfully request and authorize you to furnish the Indian Rocks Volunteer Firemen's Association of Pinellas Suncoast Fire Rescue, any and all information that you may have concerning my work record, school record, military record and moral character.

Please include any and all information of a confidential or privileged nature and photo copies of same if requested to do so. This information is for the sole use of the Indian Rocks Volunteer Firemen's Association of Pinellas Suncoast Fire Rescue in determining my qualifications and fitness as a volunteer firefighter.

Signature of applicant

THIS FORM MUST BE NOTARIZED

STATE OF FLORIDA COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____,

By: _____ (____) who is personally known to me (____) who has produced
_____ as identification and who did take an oath.

Place seal here

Notary Public Signature

Commission Expires _____

CONDITIONS OF MEMBERSHIP

In accordance with (FL. §§ 644.34 (6)) I _____ do attest and affirm that I am a nonuser of tobacco products for at least 1 year immediately preceding this application. I understand this to be a condition of membership. I also understand that should I ever use tobacco products on or off duty, while as an active volunteer with the Indian Rocks Volunteer Firemen’s Association, my membership may be terminated.

I further attest and affirm that the information provided in the attached application is correct and accurate. Any falsification of the information provided and/or certifications will result in the immediate termination of my membership.

Signature of Applicant

Place seal here

Date

THIS FORM MUST BE NOTARIZED

STATE OF FLORIDA COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____,

By: _____ (____) who is personally known to me (____) who has produced _____ as identification and who did take an oath.

Notary Public Signature

Place seal here

Commission Expires _____

Hazardous Activity Release Form

I assume all risk and hazards, incidentals to any and all training activities including all transportation to and from the activities. I also acknowledge the fact that this program involves hazardous situations. I do hereby waive, release, absolve and agree to hold harmless the Pinellas Suncoast Fire & Rescue District, the Indian Rocks Volunteer Firemen's Association, its instructors and personnel.

Applicants Name _____
PRINTED

Applicants Name _____
SIGNED

 DATE

Department: Indian Rocks Volunteer Firemen's Association

DEPARTMENT USE ONLY

Application Check List

Item	YES	NO	Detail List (other)
Completed Application (5 pages)			
Notarized Affidavit (completed)			
Copy of Drivers License			
High School Diploma – GED			
Birth Certificate			
SS Card			
Fingerprint Card			
Two Passport Photos			
Fire / EMS Certificates			
Brief Station tour			
Duties and Service explanation			
Meet with Exec Board Member			

All information obtained in this application will be held in strictest confidence and not shared with any, (3rd) third parties. Only the information that is necessary to verify the information provided by the applicant will be released to local, state, and federal agencies; or as required by law.