



INDIAN ROCKS VOLUNTEER FIREMAN'S ASSOCIATION  
of Pinellas Suncoast Fire & Rescue

Station # 27 - 304 First Street, Indian Rocks Beach, Florida 33785

Emergency 911 • Phone (727) 595-1117 x114 • Fax (727) 595-5879

E-Mail: [info@irvfa.org](mailto:info@irvfa.org)

Web: [www.irvfa.org](http://www.irvfa.org)

**Membership Application**

**ID #**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ Rent/Own \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you been a Pinellas County resident? \_\_\_\_\_

Driver's License / ID #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Exp.: \_\_\_\_\_

Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_ How long: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact? \_\_\_\_\_

Former employer: \_\_\_\_\_ How long: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact? \_\_\_\_\_

List two (2) personal references not related to you or involved with the Pinellas Suncoast Fire & Rescue District:

1) \_\_\_\_\_  
Name Address Phone

2) \_\_\_\_\_  
Name Address Phone

In case of emergency whom do we contact?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal physician:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_

Do you have any criminal (felony) Record? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Highest level of education completed:

Diploma \_\_\_\_ Diploma Equivalent \_\_\_\_\_ College \_\_\_\_\_

List any military service: \_\_\_\_\_

\_\_\_\_\_

Are you FL EMT certified? \_\_\_\_\_ Are you FL Firefighter certified? \_\_\_\_\_

List any Fire Department or EMS experience: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All information obtained in this application will be held in the strictest confidence and not shared with any 3<sup>rd</sup> 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.

# Conditions of Membership

In accordance with (FL §§ 644.34 (6)). I \_\_\_\_\_ do attest & affirm that I am a nonuser of tobacco or 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 an active Volunteer with the Indian Rocks Volunteer Fireman's Association, my membership may be terminated.

I further do attest & 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 my membership.

\_\_\_\_\_  
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 or (\_\_\_\_) who has produced \_\_\_\_\_ as identification and who did take an oath.

PLEASE AFFIX SEAL HERE

\_\_\_\_\_  
Notary Public Signature

Commission expires: \_\_\_\_\_



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## PERSONAL INQUIRY WAIVER

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

STREET

CITY

STATE ZIP

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

Please include any and all information of a confidential or privileged nature, and photocopies of same if requested. This information is for the sole use of the Indian Rocks Volunteer Fireman's Association of Pinellas Suncoast Fire & Rescue in determining my qualifications and fitness as a Volunteer Firefighter.

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

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by \_\_\_\_\_, (\_\_\_) who is personally known to me or (\_\_\_) who has produced \_\_\_\_\_ as identification and who did take an oath.

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Notary Public Signature

Commission expires: \_\_\_\_\_

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# Hazardous Activity Release Form

I assume all risk and hazards incidental to any/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 Fireman's Association, its instructors and personnel.

Applicants Name

INDIAN ROCKS VOLUNTEER FIREMAN'S ASSOCIATION

Department

Signature of Applicant.

Date

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For Dept Use Only

### Application Check List

Item	Yes	No	Other (List Details)
Completed App Received (4 pages)			
Notarized Affidavit completed			
Copies of ID - Driver License			
High School Diploma - GED			
Birth Certificate			
SS Card			
Fingerprints			
Two Photos			
Fire / EMS Certifications			Use N/A if none
Brief station tour			
Brief explanation of service & duties			
Future expectations			
Meet with Exec Board / Senior Member			