



**Now Accepting Applications for:**

# **VOLUNTEERS**

**CONTACT:**

**Mona Pearson, Coordinator**

Human Resources

Tallahassee Fire Department

327 N. Adams Street

Tallahassee, FL 32301

**(850) 891-6652**

**[Mona.Pearson@talgov.com](mailto:Mona.Pearson@talgov.com)**

**An Equal Opportunity Employer**

Area Assigned: \_\_\_\_\_

Vol. Id Number: \_\_\_\_\_

**TALLAHASSEE FIRE DEPARTMENT  
Volunteer Services**

**Enrollment Form**

**Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Other legal names you have used:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
\_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_

**E-Mail Address :** \_\_\_\_\_

**SSN #:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Drivers License #** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

**What hobbies/experience/background would you like to use in volunteer work?**

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

**What position/area are you interested in?** \_\_\_\_\_

**How did you hear about the Tallahassee Fire Department Volunteer Program?**

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

**What are your hours/days of availability?** \_\_\_\_\_

\_\_\_\_\_

**Have you ever been considered a suspect, arrested for, or convicted of a crime?**

**YES NO** Please explain: \_\_\_\_\_

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

**Why would you like to volunteer with Tallahassee Fire Department?** \_\_\_\_\_

\_\_\_\_\_

**TALLAHASSEE FIRE DEPARTMENT  
Volunteer Services**

**Confidentiality Agreement**

As a participant with the Tallahassee Fire Department you will be involved with and handle confidential information in the course of your daily duties. **Fire Investigation reports are CONFIDENTIAL.** No information, materials, or records concerning victims or suspects may be released or discussed with anyone outside the Tallahassee Fire Department.

I, \_\_\_\_\_, understand the victims' right to privacy is protected by Florida Statutes and that failure to respect confidentiality of victims and their situation will be considered as cause for dismissal from the program.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, agree to volunteer my services to the Tallahassee Fire Department's Volunteer. I agree to work a minimum of \_\_\_\_\_ hours per week for a period of \_\_\_\_\_ months.

As a volunteer, I will perform my duties to the best of my ability, observe the job guidelines and the direction of my supervisors, meet time commitments, and provide adequate notice so that alternate arrangements can be made in case of my absence.

\_\_\_\_\_  
**VOLUNTEER**

\_\_\_\_\_  
**DATE**

**Emergency Contact Information**

**In case of an emergency, please contact:**

**Name:** \_\_\_\_\_ **or Name:** \_\_\_\_\_

**Phone :** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Alt. Phone:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_

**TALLAHASSEE FIRE DEPARTMENT  
Volunteer Services**

**Background Investigation**

I authorize the Volunteer Coordinator of the Tallahassee Fire Department to verify information in this application and to perform a check of my background as it applies to the volunteer jobs in which I expressed an interest. I understand that all such information collected during the check will be kept confidential.

\_\_\_\_\_  
**Volunteer Applicant**

\_\_\_\_\_  
**Date**

**For Office Use Only:**

	Cleared	Date	Initials
NCIC/FCIC:	_____	_____	_____
JIS:	_____	_____	_____
TPD Records:	_____	_____	_____
Courts:	_____	_____	_____
Intel:	_____	_____	_____
Deviant:	_____	_____	_____

Recommendation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Background Investigator**

\_\_\_\_\_  
**Date**

Unit Assigned to: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Vol. ID # \_\_\_\_\_ Orientation Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

