

Proudly Serving All of Brevard County for Over 65 Years

Volunteer Application

Demographic Information

Name (Last, First, Middle):			
DOB (MM/DD/YYYY):			
Phone:			
Email:			
Address:			
City:	State:	Zip:	
FL Driver's License #:			
License Expiration Date:		Class:	_
Have you had a Driver's	License in any other s	tate than Florida (circle one) YES	NO
If yes, please list state, D	L # and when:		
Has your driver's license	ever been suspended,	canceled or revoked in FL: Yes	No
If you circled yes, lust wh	nen:		

Emergency Contact

Please provide the information for the person in which you give the Merritt Island Volunteer Fire Department permission to contact in case of an emergency.

Name:		Relationship:
Address:		
City:	_ State:	Zip:
Phone #:	Alt #:	
<u>C</u>	<u>Certificat</u>	<u>tion</u>
Fire Certification Level: FF1	FF2 None	
Wildland:		
EMS Certification Level: EMR	R EMT-B EM	IT-P None
CPR Certified: YES NO Lev	vel:	
Provider:		
		or fire not mentioned:

Current Employment

Company Name:				
Start Date:	End Date (if current write N/A):			
Address:				
City:	State:	Zi	p:	
Phone #:	Posi	tion:		
Supervisor's Name/Phone	#:			
	<u>Backgrou</u>	<u>ınd</u>		
Have you ever received a t	raffic citation: YES	S NO If yes lis	t when and reason:	
Have you ever been arreste	ed: YES NO If ye	s list when and	reason:	
Have you ever been convicted reason:				
Have you ever been convid	cted of a felony: YF	ES NO If yes l	ist when and reason	
Are you currently the defeand reason:	ndant in a criminal c	ase: YES NO	If yes list when	

Miscellaneous

Please tell us why you want to join M	IIVFD:	
Please list anything else we should k	now about you:	
How did you hear about us:		
Applicant Signature	Date	
Applicant Signature	Date	
	Official Use Only)	
Date Received:	Reviewed By:	
Approved: YES NO	Date Read:	