



Palm Beach County Fire
Rescue Volunteer Battalion
www.Fire-Vols.org



** You Must Be a Resident of Palm Beach County **

Application Process

If you are currently or about to attend in Firefighter, Emergency Medical Technician, Paramedic School, we encourage you to focus your efforts on completing your education first before joining. If you don't have any certifications in firefighting, the Volunteer Battalion does conduct in-house Firefighter 1 classes. Copies of the following completed documentation must be provided before you can be interviewed for membership in the PBCFR Volunteer Battalion:

- 1 A valid Florida Driver's License (must show residence in Palm Beach County).
- 2 High School Diploma.
- 3 Birth Certificate. Non-US residents must provide copy of their Permanent Residency Card.
- 4 Florida Department of Law Enforcement (FDLE) criminal background check. Original stamped document only. Use the attached form to mail the request for the background check to FDLE. Send a check or money order for \$24.00 with the form. DO NOT USE THE ON-LINE VERSION of the background check.
- 5 Driver History Statement. To obtain a copy of a certified driving record locally, please go to your nearest court house or <http://www.hsmv.state.fl.us/html/dlnew.html> original document only.

Applicants must not have not been convicted of driving under the influence of alcohol or control substances or of reckless driving in the preceding 36 month period in Florida or any other state. Have not had a Driver's License suspended under the point system in the past 36 months, as provided for in Florida Statute, Chapter 322. Have not been convicted of 3 moving violations in the preceding 24 month period in Florida or any other state.

- 1 Basic medical examination.
- 2 Cash, check or money order for \$100.00

Possible Basis for Rejection: A felony charge(s) and/or a bad driver history statement may lead to a rejection of your application. The interviewing process will stop until all information is cleared by PBCFR Internal Affairs.

Points for entry to Palm Beach Community College or similar: Requests for the additional point for entry to PBCC or similar will only be granted after the volunteer has been an active member, in good standing, for a minimum of 6 months. Must be an active member for 6 months before the Battalion Chief will give a statement to keep certifications of Firefighter I or II active. Parking of certifications without volunteering within the battalion will not be tolerated

In addition to the required documents listed above, please submit any and all documentation pertaining to Firefighting and Medical training. Completed applications with the application fee included must be submitted in person at Station 42, 14276 Hagen Ranch Road, any Tuesday night (18:30 hrs – 20:30 hrs). Applications will only be accepted with a completed application and ALL of the required supporting documentation attached. After the application is accepted, an interview will be scheduled. Interviews are held once a month.

Mailing Address: Volunteer Battalion 405 Pike Road West Palm Beach, FL
33411

Revised 3/10



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Fire Rescue
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Membership Application

Date: _____

Name: (Last) _____ (First) _____ (M.I.) _____

Address: (Street) _____

(City) _____ (State) _____ (ZIP) _____

Email Address: _____ Date of Birth: _____

Age: _____ Sex: _____ Race: _____ SSN: _____

Driver's License #: _____ (State) _____ (Type) _____

Home Phone #: _____ Cell Phone: _____

Occupation: _____

Employer: _____ (Phone) _____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Supervisor: (Name) _____ (Phone) _____

Nearest Relative (not living with you): _____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Medical History (Chronic Illnesses): _____

Have you been under a physician's care in the past year? Yes () NO ()

If yes, please explain: _____

Do you have any physical impairment or special needs? Yes () No ().

If yes, please explain: _____

Allergies: _____ Blood Type: _____

Physician Name: _____ Phone: _____

Preferred Hospital: _____

Insurance Carrier & Policy #: _____

Mailing Address:
Volunteer Battalion
405 Pike Road
West Palm Beach, FL 33411



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Have you ever been convicted of a Misdemeanor or a Felony? Yes () No ()

If yes, please explain: _____

Have you ever been convicted of DUI / DWI ? Yes () No ()

If yes please explain: _____

Do you have any other training, qualifications or interests that would be a benefit to the Battalion?

Why do you wish to become a member of the Battalion?

Character references:

Please list Name, Relationship & Phone Number:

1. _____

2. _____

I do hereby confirm that all answers to questions contained in this application are true to the best of my knowledge. I hereby authorize any investigation of statements contained herein. I further understand that misrepresentation or omission of facts is cause for dismissal. I also authorize Palm Beach County Fire Rescue to verify my driver's license, police department records and references listed.

Signature

Printed Name

Date

Office Use Only:

Date submitted: _____

Required Documents: Yes () No ()

Fee Paid: _____

Mailing Address:
Volunteer Battalion
405 Pike Road
West Palm Beach, FL 33411



Palm Beach County Fire Rescue
Volunteer Battalion
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Previous Service Information

Please list any Fire, EMS or Public Safety agencies you were employed by or volunteered with. Palm Beach County Fire Rescue reserves the right to contact any or all of the agencies for reference purposes. Please use additional paper if required.

Agency Name:	Agency Name:
Address:	Address:
Dates Employed/Volunteer:	Dates Employed/Volunteer:
Contact Name & Number:	Contact Name & Number:



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Planned Future Training

Please list any courses such as EMT, Paramedic or Firefighting that you plan to take within the next 6 - 12 months and the institution you plan to attend:

Institution Name:
Start Date:
End Date:
Course of Study:



Florida Department of Law Enforcement Criminal History Information

Requesting Criminal Histories from FDLE

The Florida Department of Law Enforcement (FDLE), Division of Criminal Justice Information Services (CJIS), is the central repository for criminal history information for the state of Florida. In addition to maintaining criminal history information, it is our responsibility to provide public access to this information when requested.

Criminal history information is a record of **serious** arrests in Florida. When you request criminal history information on an individual, your results will state whether the subject has or does not have a Florida criminal history record. If there is a record that **may be** for the individual searched, a copy of the criminal history record along with your request will be forwarded to you. **Please be aware that, unless a fingerprint card is submitted and a fingerprint comparison performed, it is impossible for us to be sure if the record belongs to the individual you requested or if another individual has a similar name and identifiers.** The accuracy of the information you provide is critical since we search our criminal history files based on your submission information.

If no possible record is found in our repository, your request will be stamped in red ink, "**FDLE found NO Florida criminal history based on the information provided. No criminal record check was conducted for other states or for the FBI.**" Reasons why this may occur are as follows:

- Subject has never been arrested or fingerprinted in Florida
- Subject's Florida record is sealed or expunged
- Subject's criminal fingerprint card was sent to FDLE but it contained a major error, has not been received by FDLE or not yet entered into repository
- Arresting agency failed to submit criminal fingerprint card to FDLE
- Subject's criminal fingerprint card was sent to the FBI but not to FDLE (Arrests prior to 1983, two fingerprint cards were supposed to be submitted from local criminal justice agencies; one to the FBI and the other to FDLE)
- Subject was arrested as a juvenile before 10/1/94 or as a juvenile but for an arrest FDLE is not authorized to provide
- Subject was arrested by a Federal agency or in a state other than Florida (NCIC rules do not allow dissemination of national or other state criminal history information for public record/non-criminal justice purposes)

The cost for criminal history information is \$24.00 per request and is non-refundable. Make check or money order payable to Florida Department of Law Enforcement.

To request criminal history information, you may simply send a letter or print out, complete and mail the [criminal history information request](#) form provided on this web site to:

**Florida Department of Law Enforcement
USB/PublicRecords
PO.Box.1489
Tallahassee FL 32302**

Please include in your request a return address and the individual's name, any known aliases, date of birth or approximate age(s), race, sex and if available social security number and last known address. Your check or money order for \$24.00 per individual should accompany your request. This process takes approximately five business days excluding postal delivery time.

If you have any questions regarding the above information or if we can be of further assistance, please contact the Public Records section at (850)410-8109.

Criminal History Information Request

Before submitting this request be sure to review the [Memorandum](#) related to requesting criminal history information.

Please print this form and mail it (along with the required \$24.00 processing fee) to:

Florida Department of Law Enforcement
CJIS User Services
P.O. Box 1489
Tallahassee, FL 32302

Date: _____ Contact Person: _____
Requested by: _____ Contact Telephone: _____
_____ ORI Number: _____
_____ (if applicable)

Pursuant to provisions of Chapter 119, F.S.,
I request a criminal history record check of your files on _____
individual(s). Payment in the amount of _____ is enclosed.
(The fee is \$24.00 per individual inquired upon.)

I request a criminal history record check on the following individual:

Name: _____ (Last, First Middle or Maiden)	Reserve this space for stamping FDLE's results
Other Names Used: _____	
Race: _____ Sex: _____ DOB: _____	
Social Security Number: _____	
Current Address:	
Street: _____	
City, State: _____	

Required Information

Name - Complete name of person

Sex - Male or Female

Date of Birth

Race - White; Black; American Indian or Alaskan; Asian or Pacific Islander; or Unknown

*****INDICATE HISPANIC PERSONS AS WHITE OR BLACK BASED ON SKIN COLOR*****

Optional Information

Social Security Number Current Address

How do I obtain my driving record (abstract)?

Driver records (abstracts) may be purchased at many county clerk offices and from private vendors.

To obtain a copy of a driving record from your county court clerk, see the list of court clerks who provide this service. http://www.flhsmv.gov/dd/clerks_records.html

To obtain a copy of a driving record from a private vendor, see the list of private vendors. <http://www.flhsmv.gov/data/internet2.html>

To obtain a copy of a driving record by mail, please submit a written request which includes the individual's full name, date of birth or approximate age, social security number, Florida driver license number (if available) and the address where to send the record, along with the appropriate fee to:

Bureau of Records
P.O. Box 5775
Tallahassee, Florida 32314-5775

Please allow two weeks for processing your request.

If you wish to use next day delivery carriers to speed the mail time, please send your request to:

Bureau of Records
2900 Apalachee Parkway, MS 90
Tallahassee, Florida 32399-0575.

Cost for records are:

\$2.10 3-year
\$3.10 7-year
\$3.10 3 year, 7year or complete CERTIFIED COPY

You may pay by personal check or money order made payable to the Division of Driver Licenses.

Reference:

Florida Department of Highway Safety and Motor Vehicles

[http://www/flhsmv.gov/](http://www.flhsmv.gov/)



**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
MEDICAL EXAMINATION**

Per FS633.34, as of July 1, 2005 the medical examination needs to be completed by a physician, surgeon, or physician assistant per ch. 458; or an osteopathic physician, surgeon, or physician assistant per ch.459; or an advanced registered nurse practitioner per ch. 464.

The examining medical professional needs to be aware of the type of physical activities the student will be performing during firefighting training. The examination should reveal any condition or deficiency which would interfere with the performance of described activities. **Of major concern is if the safety or health of the student would be compromised by permitting him/her to engage in the described training due to any pre-existing or current medical condition, injury, illness or deficiency revealed during the medical examination.**

ESSENTIAL FIREFIGHTING FUNCTIONS WHICH STUDENTS ARE EXPECTED TO PERFORM, ARE:

Wear personal protective equipment that weighs approximately 50 pounds while performing firefighting tasks which would include the lifting, carrying, and raising of heavy ground ladders, using heavy equipment and tools to perform forcible entry or vehicle extrication, working with heavy hose lines that have considerable reaction.

Perform the tasks described in above item and other physically demanding work while wearing positive pressure breathing equipment with 1.5 inches of water column resistance to exhalation at a flow of 40 liters per minute.

Work for long periods of time, requiring sustained physical activity and intense concentration.

Make rapid transitions from rest to near maximal exertion without warm-up periods.

Tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (400°f) humid (100%) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.

DI4-1022 (formerly FST-2) 07/05 DC

Perform a variety of tasks on slippery, hazardous surfaces, such as rooftops or from ladders.

Rely on senses of sight, hearing, smell and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation.

**THIS FORM IS TO BE FILLED IN BY THE
EXAMINING MEDICAL PROFESSIONAL (PLEASE PRINT)**

Firefighter
Applicant

Name: _____
Last First M.I.

SS# _____ Height ____ ft. ____ in. Weight _____ lbs.

Far visual acuity uncorrected - binocular 20/ _____

Far visual acuity corrected – binocular 20/ _____

Correction accomplished
utilizing: (circle one) Hard contacts - soft contacts - spectacles

Peripheral vision: Degree of visual field performance in the horizontal meridian without correction.

left eye _____ right eye _____

Blood pressure reading: systolic _____; diastolic _____

Clinical evaluation of 12 lead EKG:



**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
MEDICAL EXAMINATION**

AUDITORY-HEARING DEFICIT IN THE PURE TONE

THRESHOLDS AS INDICATED:

Left		ear Right	ear
0500 Hz	_____ dB		_____ dB
1000 Hz	_____ dB		_____ dB
2000 Hz	_____ dB		_____ dB
3000 Hz	_____ dB		_____ dB

Please check whether each of the following systems are normal (N) or abnormal (AB):

1. Dermatological system
2. Ears, eyes, nose, mouth, throat
3. Cardiovascular system
4. Respiratory system
5. Gastrointestinal system
6. Genitourinary system
7. Endocrine and metabolic systems
8. Musculoskeletal system
9. Neurological system

N	AB

If there are any abnormalities noted during the examination or EKG, a written clarification of the extent and type of abnormality must accompany the medical examination. It is in the best interest of the student that the examining Medical Professional carefully note all abnormalities which might predispose the student to injury or aggravation of the condition because of the nature of the tasks required of a firefighter student.

COMMENT ON ABNORMALITIES:

Based on the results of this medical evaluation, the student is / is not medically fit to engage in firefighter training.
please circle

Per Florida statute 633.34 Firefighters; qualifications for employment: Any person applying for employment as a firefighter must be in good physical condition as determined by a medical examination given by a medical professional as identified in FS 633.34 (5). Such examination may include, but need not be limited to, provisions of the National Fire Protection Association Standard 1582. Said examination evidencing good physical condition shall be submitted to the division, on this form before an individual is eligible for admission into a firefighter training program as defined in s. 633.35.

Examining Medical Professional Information

Name (print or type)

Signature _____

Date _____ telephone number _____

office address: _____

The applicable Florida Statutes are F.S.633.334, F.S.633.34, F.S.633.35, F.S.633.352, F.S.633.351, and F.S. 633.353.

A Certified Firefighter, who has not been actively involved in the fire service within their three-year certification period, must take the Practical Retention Examination. An [Application for Practical Examination for Retention of Firefighter Certification Form \(DFS-K4-1308\)](#) is required, along with the [Medical Examination \(DFS-K4-1022\)](#). The retention examination is offered four times a year at the Florida State Fire College. Please contact the Bureau of Fire Standards for an application. Please refer to the [Testing Schedule](#) for test dates.

Florida Administrative Code:

69A-37.0527 Retention of Certification.

(1) Retake of the examination for retention of certificate is referenced in Section 633.352, F.S.

- If active as a volunteer FF for a continuous period of time *of not less than 6 months during the 3 year period since certified* or the certification was last renewed, or since termination from a fire department.
- Verification of being active evidenced by documentation from the chief of VFD

(2) To be eligible submit DI4-1308 Application for Practical Examination for Retention of FF Cert.

- Includes a medical examination evidencing good physical condition. Exam given by a physician, surgeon, osteopathic physician or surgeon licensed in Florida pursuant to Chapter 459, F.S.
- Exam within the 6 month period prior to the date the application for testing is received by BFST.
- The results reported to BFST on DI4-1022
- Shall not participate in the practical examination unless DI4-1022 is on file with the BFST

(3) Submit fingerprint card with processing fee. Card is sent to FDLE & FBI.

(4) The Bureau will schedule the date and time for all examinations.

(5) Individuals must wear N.F.P.A. helmet, fire coat, bunker pants, boots, protective hood, and gloves.

(6) If less than 70%, permitted one re-take within 6 months of the original examination.

(7) Failure of re-take = successfully complete FF I and II training before any additional testing can occur.

Specific Authority 633.38(1)(a), 633.45(2)(a) FS. Law Implemented 633.35, 633.38, 633.45 FS. History–New 12-10-01, Formerly 4A-37.0527.