ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS
VOLUNTEER FIRE SERVICES APPLICATION

Please Return to: Fire Headquarters, 6575 North "W" Street
Pensacola, Florida 32505, Phone: (850) 475-5530

(PLEASE PRINT)

CONTACT INFORMATION

Last Name	First Name	Middle Name

Address:	City	State	Zip Code

E-mail Address :

Telephone Number:	Cell Phone Number:

Legally eligible to work in the United States? ☐ Yes ☐ No

Driver's License: ☐ Yes ☐ No License #:	State:	Class:	Expires:

Please submit a copy of the driver's license or a photograph of the license. Send an email to volunteerfirefighter@myescambia.com and attach the photograph.

EDUCATION

Check Highest Grade Completed: ☐ 8   ☐ 9   ☐ 10   ☐ 11   ☐ 12   ☐ GED or Equivalent

Check Highest College Grade Completed: ☐ 1   ☐ 2   ☐ 3   ☐ 4   **Graduate Studies?** ☐ Yes   ☐ No

Please submit a copy of the diploma or a photograph of the diploma. Send an email to volunteerfirefighter@myescambia.com and attach the photograph.

IMPORTANT INFORMATION – PLEASE READ AND COMPLETE

Are you 18 years old or older? ☐ Yes   ☐ No

Do you possess a Firefighter certificate of Compliance as issued by the Florida State Fire Marshall's office?   ☐ Yes ☐ No
If so, you must submit a copy of the certificate or a photograph of the certificate. Send an email to volunteerfirefighter@myescambia.com and attach the photograph.

Do you possess a current American Heart Association Basic Life Support certification (CPR)? ☐ Yes   ☐ No
If so, you must submit a copy of the certificate or a photograph of the certificate. Send an email to volunteerfirefighter@myescambia.com and attach the photograph.

Have you ever been a member of a volunteer fire department? ☐ Yes ☐ No
If yes, please indicate department name, department contact information, rank or position held and years of service.

Fire Station preference (if any):

How did you learn of the volunteer firefighter position? Please select all that apply:
☐ Newspaper   ☐ County Department   ☐ Friend   ☐ Television   ☐ Radio   ☐ Website   ☐ Other

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

_____   _____
Signature of Applicant   Date