



Now Accepting Applications for:

VOLUNTEERS

CONTACT:

Mona Pearson, Coordinator
Human Resources
Tallahassee Fire Department
327 N. Adams Street
Tallahassee, FL 32301
(850) 891-6652
pearsonm@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: _____

