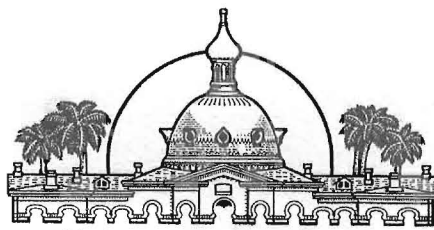


BOARD OF COUNTY COMMISSIONERS

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Hillsborough County
Florida

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March 4, 2011

To Whom It May Concern:

Thank you for your interest in Hillsborough County Fire Rescue. Before an individual is released to an engine, there are several training and screening steps that must be completed during the volunteer application process. Attached are documents (application form, an applicant information sheet, station location list, etc.) for reference.

Please keep in mind that some volunteer stations may have full a roster and will not be accepting applications at this time. Contact the station at which you wish to apply to find out if they are accepting applications. If not, try the next closest station to you. The attachments include a list with volunteer station addresses and phone numbers. Please do not apply to more than one station once your application is accepted.

Once you identify the station at which you plan to apply, complete the application and make an appointment to interview with the volunteer chief or his/her designee. They will, in turn submit the application to HQ. You will need to call HQ at (813) 272-6600 and speak to Linda in Personnel to schedule an appointment to get finger prints scanned. Also, the schedules at the volunteer stations will show dates for task readiness review (TRR), air pack training, orientation and auto-pulse training, which are all required steps in the process.

If you do not currently have a Florida FF-1 or FF-2 certification, you will need to obtain one before responding to emergency calls on our volunteer engines. HCFR provides the FF-1 at no charge. Each station will submit the names of interested individuals who are able to attend the days and times shown below. Once there are a sufficient number of non-certified applicants to warrant the training, a class will be scheduled, if there is not one already set. Typically, it is held on Tuesday/Thursday evenings from 6:00 -10:00 p.m. and Saturdays from 9:00 a.m. -6:00 p.m. or earlier, and it runs approximately five (5) months. After training is completed, a state exam is administered.

Should you have further questions after reviewing this letter and the attachments, please contact the station at which you plan to apply, at the # on the list attached. If you have submitted your application to a station and completed the interview, then your primary point of contact for **all** questions would be the designated person at that station assigned to processing applicants.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Stokes", written over a horizontal line.

Robert Stokes, Division Chief

NLC/JCG
Attachments

Post Office Box 1110 • Tampa, Florida 33601

www.hillsboroughcounty.org
An Affirmative Action/Equal Opportunity Employer



Application for Volunteer Firefighter

Hillsborough County Fire Rescue

2709 E. Hanna Avenue · Tampa, FL 33610 · office 813.272.6600 · fax 813-272-6692

Date submitted to Station:

Date Received at HQ:

Station you are applying for:

Basic Information

Name

Ethnicity:

Date of Birth:

Gender:

SSN:

Address:

of year at this address

City:

State:

Zip:

If less than 3 years at current address, please provide previous address:

Not applicable

Address:

of year at this address

City:

State:

Zip:

Home Phone #

Cell Phone #

Other #

Email Address:

Drivers License#

State

Expiration Date

Name exactly as it appears in Drivers License:

First Name:

Middle Name:

Last Name:

(Please list if Operator or Class Type of License and provide a legible copy)

Emergency Contact

Name

Relation:

Address:

City:

State:

Zip:

Phone#

Alternate Phone#

Page 2—Volunteer Application for

Employment History

Current Employer: # of Years:
Address: Phone #
City: State: Zip:
Position: Supervisor:
Previous Employer: # of Years:
Address: Phone #
City: State: Zip:
Position: Supervisor:
Reason for Leaving:

References:

List 2 references that have known you for at least 3 years not related to or living w/ you

Reference #1

Name: Affiliation: # of Years:
Address: Phone #
City: State: Zip:

Reference #2

Name: Affiliation: # of Years:
Address: Phone #
City: State: Zip:

Page 4—Volunteer Application for

Criminal History

In answering the next 2 questions, you may omit (1) minor traffic violations; and (2) any offense committed as a minor, which was adjudicated in a juvenile court or under a youth offender law.

The nature, severity, and date of any convictions will be considered in relation to the duties of the position for which you are applying.

1) Have you ever pled guilty, been convicted of OR pled nolo-contendere to any crime as an adult, other than minor traffic violations?

Yes No

2) Do you currently have any law violations pending against you? Yes No

If you answered YES to either Law violation question, please describe the type of crime, date of conviction, location and penalty imposed:

3) Have you ever been a defendant in a civil action for an intentional tort? Yes No

If yes, indicate the nature of the intentional tort and the disposition of the action:

Additional Information

Liability Insurance: (provide copy)

Do you presently have liability insurance on your privately owned vehicle and agree to maintain liability coverage?

Yes No

Relatives Employed or Volunteering for Hillsborough County Fire Rescue?

A “Yes” answer to this question will not bar you from volunteering, nor does it infer preferential consideration. The information is used only to ensure the enforcement of anti-nepotism policies.

Yes No

If yes, List name(s), relationship & station assignment:

Page 5—Volunteer Application for

Why do you want to become a volunteer firefighter?

Statement of Applicant: I hereby certify that I am in good health and have no physical or mental impairment which might interfere with my participation as a volunteer firefighter. I understand that fire-rescue work is very dangerous and I am fully aware that there is risk of serious injury or harm. I understand by my signature below, that falsification of any part of this application is cause for immediate dismissal and do certify that all statements are true and correct. I understand that Hillsborough County Fire Rescue can terminate my participation as a volunteer firefighter for reasonable cause. I understand and agree to submit to initial medical physical, drug screening, as well as random drug screening at Hillsborough County expense, while I am a volunteer firefighter. I understand that any and all equipment, communication, uniforms, and protective clothing that is issued to me shall be maintained in good working condition and shall be returned promptly after termination of my volunteer service.

Applicant: _____
Signature

Date

Witness: _____
Signature

Printed Name

Volunteer Officer Interview:

Interview Date:

Officer:

Accept

Reject

Notes



Applicant Release of Employment Information

Hillsborough County Fire Rescue

2709 E. Hanna Avenue · Tampa, FL 33610 · office 813.272.6600 · fax 813-272-6692

IMPORTANT!!

I acknowledge by my signature that I have read and understand the following:

- Only information contained in this application and related information submitted with this application will be used to evaluate my qualifications. Resumes or information contained on other than Hillsborough County Fire Rescue volunteer application forms are not accepted, used or provided to others.
- Qualifications and volunteer considerations by Hillsborough County Fire Rescue are based upon the truthfulness and completeness of the statements in this application. Falsification or omission of information is grounds for disqualification or dismissal. Presenting any false document(s) to gain a volunteer position may be cause for ineligibility for approval or immediate dismissal.
- I authorize Hillsborough County and Hillsborough County Fire Rescue to investigate the truthfulness of all statements made on this application and to contact my former employers and other listed references or other persons who can verify information.
- I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each person from liability for providing such information. I waive all causes of action that might arise from the foregoing.
- On submission, this application and related information become the property of Hillsborough County Fire Rescue and according to Florida Statute 119, are matters of public record subject to release to other persons or agencies, upon request.
- I hereby consent to the use of my social security number for County business. Disclosure of social security numbers are required for volunteer consideration. Hillsborough County Fire Rescue and volunteer stations served collect and use social security numbers to include, but not limited to, the following reasons: Identity verification, background and criminal history checks; drug screening; verification of educational credentials, prior military service and past employment; credit score verification; Hillsborough County government volunteer status verification; connection with other employment/volunteer-related databases, I-9 verification, new volunteer approval and separation reporting; Workers Comp reporting; LOSAP processing and reporting; and any other legitimate volunteer-related purposes.
- A post-approval offer physical examination (NFPA1582) and/or drug and alcohol testing may be required as a condition of volunteering and continued volunteering.
- I am aware that Hillsborough County Fire Rescue volunteer personnel are placed on a minimum 6 months initial probationary period, during which time either the volunteer station or I can terminate my association, with or without cause, and with or without notice, at any time.
- I am satisfied with the contents of this application and understand that once I submit my application for this recruitment, I cannot edit it later.

SIGNED: _____

DATED: _____



Volunteer Services Beneficiary Designation Form

Hillsborough County Fire Rescue

2709 E. Hanna Avenue · Tampa, FL 33610 · office 813.272.6600 · fax 813-272-6692

Volunteer Name:

Date:

SSN:

DOB:

Station Assignment:

Beneficiaries (list % if co beneficiary must equal 100%)

1. Beneficiary:

% if Co-Beneficiary

Beneficiary's Address:

City:

State:

Zip:

Phone#

Alternate#

Relation to Beneficiary:

2. Co-Beneficiary:

% if Co-Beneficiary

Beneficiary's Address:

City:

State:

Zip:

Phone#

Alternate#

Relation to Beneficiary:

3. Co-Beneficiary:

% if Co-Beneficiary

Beneficiary's Address:

City:

State:

Zip:

Phone#

Alternate#

Relation to Beneficiary:

Signature

Date

Witness

Witness Name Printed



Volunteer Services

Hillsborough County Fire Rescue
2709 E. Hanna Avenue · Tampa, FL 33610 · office 813.272.6600 · fax 813-272-6692

To Whom It May Concern:

_____ has filed an application with our department to become a volunteer firefighter. As a standard procedure, we conduct a background check of each individual, including references by people who know this individual well enough to verify his/her background. Please complete this letter and return to Fire-Rescue Headquarters. We appreciate your candid response and assistance in this referral.

Sincerely,

Robert Stokes

Division Chief-Special Operations

A Volunteer Firefighter must possess the highest of moral standards and character. As firefighters are entrusted with the public's safety, and are often placed in situation requiring unquestionable honesty and integrity, would you offer your personal recommendation for this applicant to be accepted as a volunteer firefighter?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Signature: _____



Volunteer Services

Hillsborough County Fire Rescue

2709 E. Hanna Avenue · Tampa, FL 33610 · office 813.272.6600 · fax 813-272-6692

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Robert Stokes

Section Chief-Special Operations

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Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Signature: _____



Volunteer Services

Hillsborough County Fire Rescue

2709 E. Hanna Avenue · Tampa, FL 33610 · office 813.272.6600 · fax 813-272-6692

AFFIDAVIT

I, _____, do hereby affirm that I have not been a user of Tobacco or Tobacco products for at least one (1) year preceding my association with Hillsborough County Fire Rescue as a Volunteer Firefighter, in accordance with Section 633.34(6), Florida Statutes. I furthermore agree to remain a non-user of any tobacco products during my association with Hillsborough County Fire Rescue. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in this are true.

DATED and SIGNED this _____ day of _____, 20_____

Signature of Applicant

Signature of Witness

Witness Name Printed



Volunteer Services Background Screening Data

Hillsborough County Fire Rescue

2709 E. Hanna Avenue · Tampa, FL 33610 · office 813.272.6600 · fax 813-272-6692

First Name:

Middle Name:

Last Name:

Address:

City:

State:

Zip:

Race:

SSN

Gender:

Date of Birth

Place of Birth

Height

Weight

Eye Color

Hair Color

Home Phone #

Cell Phone #

Pager #

Other Number #

Drivers License#

State

Expiration Date

Certifications

Firefighter I

State #

Date Obtained

Firefighter II

State #

Date Obtained

EMT

State #

Paramedic

State #

Once you have completed this application:

1. PRINT IT OUT
2. Sign your application and secure the appropriate witnesses.
3. Copy any Certifications and / or other documentation requested in application.
4. Send entire packet to the station you are applying to:
5. Hit the Submit button below to also send this application to Fire Rescue Headquarters. PRINT THIS APPLICATION before you submit it.

Volunteer Station Addresses:

[Sun City / Sundance, Station 8](#)

602 Lightfoot Road Vol. Ch. Ferris Garrett
Wimauma, FL 33598 (cell) 841-0532
(813) 671-7727

[Seffner-North Brandon, Station 18](#)

3096 Kingsway Rd S @ Cactus Road
Seffner, FL 33584 Vol Chief Robert VanEtten
(813) 744-5614

[Lutz, Station 24](#)

129 Lutz Lake Fern Road
Lutz, FL 33548 Vol Chief Robert Capelli
(813) 949-2463

[Dover-Turkey Creek, Station 23](#)

3138 Sydney-Dover Road
Dover, FL 33527 Vol Chief Mark Curts
(813) 757-3739

[Cork-Knights, Station 26](#)

5302 W. Thonotosassa Road
Plant City, FL 33565 Vol Chief Tony Huntley
(813) 757-3915

[East Bloomingdale, Station 27](#)

4705 E. Bloomingdale Avenue
Valrico, FL 33594 Vol Chief Van Tisdale
(813) 744-5906



Information for Volunteer Firefighters

Hillsborough County Fire Rescue

2709 E. Hanna Avenue · Tampa, FL 33610 · office 813.272.6600 · fax 813-272-6692

Applicants Without Firefighter Certification

If an applicant will be going into our FF-1 training, authorization for a Fit for Training physical (Part I), will be provided once the Task Readiness Review (TRR) is successfully completed. This is a basic physical agility which includes a ladder raise and extension, equipment carry, hose pull, dummy drag, etc for an aggregate time. A Fit for Training medical physical must be completed and a Bureau of Fire Standards & Training Medical Examination form completed by the physician must be provided well in advance of the start of FF-1. The state requires this so if not completed well before the start of FF-1 Training, you will not be able to attend the program. DMV and Criminal History reports will be reviewed and cleared or rejected. Upon successful completion of FF-1 and a passing score on the department's FF-1 Final Exam, authorization for a Fit for Duty (Part II), will be provided. This is the portion that has the treadmill EKG and pulmonary function tests.

High School Diploma or GED required - FS 613.34(1). (Provide Copy)

Applicants With Firefighter Certification

If an applicant already has FF1 or FF2 certification, an authorization for the full Fit for Duty physical (a combination of Part I & II) will be provided once other screening steps are cleared.

Attend an 8 hr Scott (Air Pack) Training – (See Training Calendar)

Complete the mandatory Autopulse & Orientation Class. (See Training Calendar)

All Applicants

1. Completed application with station approval & signatures, and two references (not related to or living w/applicant) must be provided to HQ by the station.
2. Applicants must be Non-tobacco user for 1 year previous to application, provide a signed affidavit stating same. The affidavit will also state that he/she will not use tobacco during their association w/HCFR.
3. Applicants must successfully complete Task Readiness. This is a basic physical agility which includes a ladder raise and extension, equipment carry, hose pull, dummy drag, etc for an aggregate time. An applicant may exempt this requirement by submitting a current CPAT Certificate.
4. Valid State of Florida drivers license required, w/clean driving record - no DUI or reckless conviction within the previous 36 months, and/or no more than 7 points within the previous 24 months. More than one DUI disqualifies any applicant.

5. Clean criminal history report based on finger print scan submitted to FDLE & FBI. Each is evaluated case by case - using Florida Statute (FS) 613.34(2) and Hillsborough County Human Resources Policy #7.02/ Background Checks as guidance. Finger Print scans are done by appointment only. To schedule, contact Linda Haynes in Personnel Office at Fire Rescue Headquarters (813-272-6600).
6. Pass a Fit for Duty medical physical (NFPA 1582). The info below is provided to help prepare for the treadmill portion of the physical: Treadmill Algorithm - Modified Bruce Protocol

In preparation for passing your treadmill test, you should exercise on a treadmill according to the following algorithm. The goal is to exercise for a minimum of 12 minutes without exceeding your target heart rate noted below.

Stage	Time	Treadmill MPH/Grade
Stage 1	0-3 min	1.7/10
Stage 2	3-6 min	2.5/12
Stage 3	6-9 min	3.4/14
Stage 4	9-12 min	4.2/16

90% target heart: Appropriate for age

Complete a minimum of 12 minutes on treadmill without heart rate exceeding target heart rate.

You will need to reschedule an appointment for a repeat treadmill within one month, otherwise a determination that you are not fit for duty may be made.

Remember to return in 48-72 hours to any Lakeside facility to have your PPD (test for Tb) read... If you do not, you will have to repeat the test at your expense. Likewise, if you begin the Hep B vaccination series, please put it in your calendar so you do not miss the 1 month and 6 month intervals for the series of shots.

7. Provide certificate copies for IC100/200 & NIMS 700 (IS00100a, IS00200a & IS00700). <http://www.training.fema.gov/IS/NIMS.asp>
8. Uniform sizing at Design Lab, 3010 E. Hillsborough Av, Tampa, FL 33610, ph #(813) 234-2100, during business hours, Monday – Friday, 830am – 430pm. Design Lab is located on the NE corner of Hillsborough Av & 30th Street at the east end of the yellow building. Best access to the building is via the entrance off of 30th Street behind the building. Please bring copy of sizing sheet to Headquarters and your station.
9. Complete the three Hillsborough County computer based HIPAA Training and Tests & provide certificates for Awareness/Responder/Privacy & Security Classes. A log-in and password will be set up for applicants who clear the Task Readiness, and Criminal Background and DMV history checks. Until a log-in is established you cannot complete this section.

Once a log-in and password have been set up, applicants can complete Hillsborough County HIPAA Tests (Awareness, Responder, General Privacy & Security), go to: <https://hipaacklickandcomply.com/HIPAATrain/>

Organization ID: hc (lower case)

Login will be first initial, last name, station # (lower case no spacing) IE: an applicant named Craig Smith from Sta. 27 would have the following login: csmith27, and his/her station #. If this will not work, contact your station and verify your login has been activated.

Password will be password (lower case). You will be prompted to change the password at the start. Please change it to password1 so that we can easily access and remedy any potential problems that may occur.

10. Complete a Fit Test for face mask sizing by appointment with Fit 42. Please call the Air 42 Driver Engineer at 813.269.5093 or cell 813.363.8700 to schedule an appointment.
11. Bunker Gear sizing will be done according to schedule. Bunker Gear, Mask and PAR Cards will be issued once all screening and training steps are completed.
12. Provide a copy of your Florida FF1 or Florida FF2 State Certification (Questions on training from other states must be addressed with the Florida Bureau of Fire Standards and Training in Ocala). Also provide copy of EMT Certification if applicable.

Important Note

Applicants are NOT to respond or ride any apparatus until an email advising they are cleared is sent to the Volunteer Station Chief, and the applicant has been issued gear, mask, par card, and uniforms. This is when volunteers are added to the Fire RMS program, and the state is notified of status.