



SOUTHWEST RANCHES VOLUNTEER FIRE DEPARTMENT
17220 Griffin Road – Southwest Ranches, Florida 33331
(954) 434-8232
“Neighbors Helping Neighbors”

Dear Future Member:

Thank you for your interest in becoming a Volunteer Firefighter with the Southwest Ranches Volunteer Fire-Rescue Department. Our organization has proudly served the citizens of our area since 1956 and has served the Town of Southwest Ranches since its incorporation in 2001.

Firefighting is a unique experience. Members of our Department continue to carry on in this country's tradition of volunteer service. Membership provides not only the experiences of firefighting and assisting your community, but will also give you unique experience in the bond of comradeship with your fellow firefighters.

The Department conducts training every Tuesday evening (except on meeting nights) at 7:00 p.m. at our station. Department meetings are held on the first Tuesday of every month at 8:00 p.m. at our station.

All Volunteer Firefighters are required to be certified to at least the Firefighter I Level by the State of Florida Division of Financial Services' Division of the State Fire Marshal. If you have not already obtained your certification, it will be provided to you by the Department. The certification classes are held throughout the year during the evening hours.

The Department will provide you with a set of turnout gear and a basic uniform. The Department maintains workers compensation insurance, supplemental insurance and general liability insurance to benefit all members.

Please complete the attached application to start your membership process and return it to our Department. You are welcome to come to our station prior to the beginning of any drill if you have any questions or you can contact us at (954) 434-8232.

If you desire to assist the Department by volunteering in an administrative capacity but do not wish to become a certified firefighter, please contact us directly to begin that process.

Again, thank you for your interest in our Department and we look forward to you becoming part of our team.

Sincerely,

Lee Bennett
Fire Chief



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APPLICATION FOR FIREFIGHTER

GENERAL INFORMATION:

DATE: _____

NAME: _____
(Last, First, MI)

HOME ADDRESS: _____
(Number, Street, City, State, Zip)

LENGTH OF TIME AT CURRENT ADDRESS: _____ Email Address: _____

PRIOR HOME ADDRESS: _____
(If At Current Address Less Than Two Years) (Number, Street, City, State, Zip)

HOME TELEPHONE: _____ MOBILE TELEPHONE: _____
(Include Area Code) (Include Area Code)

DATE OF BIRTH: _____ SSN: _____ Drivers License: _____

AVAILABILITY:

I AM AVAILABLE TO RESPOND TO ALARMS DURING:
(Complete All That Apply)

DAYS: _____ DURING THE HOURS OF: _____

EVENINGS: _____ DURING THE HOURS OF: _____

NIGHTS: _____ DURING THE HOURS OF: _____

ADDITIONAL INFORMATION: _____

EDUCATION:

GRADE SCHOOL: _____
(School Name, Location, Last Grade Completed)

HIGH SCHOOL: _____
(School Name, Location, Last Grade Completed)

COLLEGE: _____
(School Name, Location, Last Grade Completed)

DEGREE(S) HELD: _____

(List Degree, School And Graduation Date)

CERTIFICATION(S): _____

(List School, Certification And Date) (Attach Additional Pages If Needed)

PLEASE ATTACH COPIES OF ALL FIRE SERVICE RELATED CERTIFICATIONS TO YOUR COMPLETED APPLICATION

LICENSE(S): _____

(List State, License Type and License Number) (Attach Additional Pages If Needed)

MILITARY EXPERIENCE:

Are you an Armed Forces Veteran? YES _____ NO _____

Service Branch: _____ Final Rank: _____

PLEASE ATTACH A COPY OF YOUR DD-214 TO YOUR COMPLETED APPLICATION IF YOU ARE A VETERAN

EMPLOYMENT HISTORY:

CURRENT EMPLOYER

NAME: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SUPERVISOR: _____

JOB DESCRIPTION: _____

WORK HOURS: DAYS: _____ TIMES: _____

PREVIOUS EMPLOYER

NAME: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SUPERVISOR: _____

JOB DESCRIPTION: _____

WORK HOURS: DAYS: _____ TIMES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER

NAME: _____ LENGTH OF EMPLOYMENT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SUPERVISOR: _____

JOB DESCRIPTION: _____

WORK HOURS: DAYS: _____ TIMES: _____

REASON FOR LEAVING: _____

PLEASE PROVIDE AT LEAST A FIVE YEAR EMPLOYMENT HISTORY. ATTACH ADDITIONAL PAGES IF NEEDED

ABILITY TO PERFORM JOB FUNCTION:

FIREFIGHTING IS CLASSIFIED AS AN ULTRAHAZARDOUS AND UNAVOIDABLY DANGEROUS ACTIVITY BY THE FEDERAL OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

FIREFIGHTERS ARE EXPECTED TO 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 EXTRICATIONS, CLIMBING LADDERS AND/OR WORKING WITH HEAVY HOSE LINES THAT HAVE CONSIDERABLE REACTION.

FIREFIGHTERS ARE EXPECTED TO PERFORM THE TASKS DESCRIBED ABOVE ALONG WITH 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.

FIREFIGHTERS ARE EXPECTED TO WORK FOR LONG PERIODS OF TIME THAT REQUIRE SUSTAINED PHYSICAL ACTIVITY AND INTENSE CONCENTRATION

FIREFIGHTERS ARE EXPECTED TO MAKE RAPID TRANSITIONS FROM REST TO NEAR MAXIMAL EXERTION WITHOUT WARM-UP PERIODS.

FIREFIGHTERS ARE EXPECTED TO TOLERATE EXTREME FLUCTUATIONS IN TEMPERATURE WHILE PERFORMING THEIR DUTIES. THEY MUST PERFORM PHYSICALLY DEMANDING WORK IN HOT (400 DEGREES FAHREINHEIT) HUMID (100%) ATMOSPHERES WHILE WEARING PROTECTIVE EQUIPMENT THAT SIGNIFICANTLY IMPAIRS BODY-COOLING MECHANISMS.

FIREFIGHTERS ARE EXPECTED TO PERFORM A VARIETY OF TASKS ON SLIPPERY OR OTHERWISE HAZARDOUS SURFACES SUCH AS ROOFTOPS OR FROM POSITIONS ON LADDERS.

FIREFIGHTERS ARE EXPECTED TO 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 FIREFIGHTING OPERATIONS.

ARE YOU ABLE TO PERFORM THESE TASKS? YES: _____ NO: _____

PLEASE LIST ANY ADDITIONAL TRAINING/SKILL(S) THAT YOU HAVE THAT YOU FEEL WOULD BE AN ASSET TO THE DEPARTMENT:

(Attach Additional Pages If Needed)

AUTHORITY TO INVESTIGATE PERSONAL INFORMATION

I HEREBY AUTHORIZE THE SOUTHWEST RANCHES VOLUNTEER FIRE DEPARTMENT INCORPORATED, ALONG WITH ITS AGENTS AND ASSIGNEES, TO CONDUCT AN INVESTIGATION INTO MY BACKGROUND RELATED TO MY APPLICATION FOR MEMBERSHIP AS A VOLUNTEER FIREFIGHTER.

THIS INVESTIGATION MAY INCLUDE AN INVESTIGATION INTO MY CRIMINAL RECORD (Including arrests, dispositions of charges and review of any law enforcement report listing my name), CIVIL LITIGATION HISTORY, TRAFFIC COURT/CITATION HISTORY, DRIVING RECORD HISTORY, PREVIOUS EMPLOYMENT, EDUCATIONAL BACKGROUND, MEDICAL HISTORY AND ANY OTHER INVESTIGATION THAT THE DEPARTMENT DEEMS APPROPRIATE.

THIS DOCUMENT WILL PERMIT THE CUSTODIAN OF ANY OF THE AFOREMENTIONED INFORMATION TO RELEASE SAID INFORMATION TO THE SOUTHWEST RANCHES VOLUNTEER FIRE DEPARTMENT INCORPORATED AND/OR ITS DESIGNATED AGENTS AND ASSIGNEES.

THIS RELEASE WILL REMAIN VALID UNTIL IT IS SPECIFICALLY REVOKED IN WRITING.

I UNDERSTAND THAT A COPY OF ALL RECORDS OBTAINED BY THE DEPARTMENT WILL BE FURNISHED TO ME UPON MY REQUEST.

FULL NAME: _____
(Print)

ADDRESS: _____
(Number, Street, City, State & Zip Code)

DATE OF BIRTH: _____

DRIVERS LICENSE: _____
(State & Number)

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____ DATE: _____

AUTOMATIC DISQUALIFIERS

PLEASE READ ALL OF THE AUTOMATIC DISQUALIFIERS BEFORE COMPLETING YOUR APPLICATION. ANY OF THE FOLLOWING WILL DISQUALIFY THE APPLICANT FROM FURTHER CONSIDERATION DURING ANY STAGE OF THE MEMBERSHIP QUALIFICATION PROCESS. **IMPORTANT: IF YOU ARE NOT SURE IF ANY OF THE AUTOMATIC DISQUALIFIERS PERTAIN TO YOU, YOU ARE REQUIRED TO SUBMIT A DETAILED EXPLANATION OF THE CIRCUMSTANCES IN QUESTION WITH YOUR COMPLETED APPLICATION.**

APPLICATION DISQUALIFIERS:

- 1) FAILURE TO SUBMIT AN APPLICATION BY THE REQUIRED DEADLINE DATE.
- 2) FAILURE TO SUBMIT ANY SUBSEQUENT REQUIRED DOCUMENTATION AND/OR INFORMATION BY THE REQUIRED DEADLINE DATE.
- 3) MAKING ANY FALSE STATEMENT OF FACT, DECEPTION BY STATEMENT AND/OR DECEPTION BY OMISSION IN COMPLETION OF THIS APPLICATION.

CRIMINAL DISQUALIFIERS:

- 1) BEING UNDER INDICTMENT FOR OR CURRENTLY CHARGED WITH ANY FELONY OFFENSE IN STATE COURT OR ANY CRIMINAL CHARGE IN FEDERAL COURT.
- 2) HAVING ANY FELONY CONVICTION IN ANY STATE COURT OR ANY CRIMINAL CONVICTION IN FEDERAL COURT WITHIN THE PAST FIVE YEARS.
- 3) BEING UNDER INDICTMENT FOR OR CURRENTLY CHARGED WITH DRIVING UNDER THE INFLUENCE (DWI/DUI).
- 4) HAVING A CONVICTION FOR DRIVING UNDER THE INFLUENCE (DWI/DUI) WITHIN THE PAST FIVE YEARS.
- 5) HAVING MORE THAN ONE CONVICTION FOR DRIVING UNDER THE INFLUENCE (DWI/DUI) IN YOUR LIFETIME.
- 6) CURRENTLY SERVING PROBATION/COMMUNITY SUPERVISION FOR ANY OFFENSE.
- 7) ANY CRIMINAL RECORD THAT WOULD RENDER AN APPLICANT INELIGIBLE TO OBTAIN A STATE OF FLORIDA FIREFIGHTER CERTIFICATE PURSUANT TO THE REQUIREMENTS OF THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF THE STATE FIRE MARSHAL'S STANDARD OPERATING PROCEDURES.

FOR THE PURPOSES OF THE ABOVE REQUIREMENTS, A PERSON IS CONSIDERED TO BE CONVICTED FOR AN OFFENSE WHEN AN ADJUDICATION OF GUILT, A GUILTY PLEA, AND/OR A PLEA OF NOLO CONTENDRE IS ENTERED FOR ANY OFFENSE.

MISDEMEANOR CHARGES AND/OR CONVICTIONS ARE REVIEWED ON AN INDIVIDUAL BASIS TO DETERMINE IF AN APPLICANT IS INELIGIBLE FOR MEMBERSHIP.

ALL CRIMINAL CHARGES WHERE AN ADJUDICATION OF GUILT IS WITHHELD ARE REVIEWED ON AN INDIVIDUAL BASIS TO DETERMINE IF AN APPLICANT IS INELIGIBLE FOR MEMBERSHIP.

DRIVING RECORD DISQUALIFIERS:

- 1) INVOLVEMENT AS A DRIVER IN THREE OR MORE MOTOR VEHICLE ACCIDENTS WITHIN THE PAST THREE YEARS WHERE THE APPLICANTS ACTIONS CONTRIBUTED TO THE ACCIDENT WHETHER OR NOT CITATIONS WERE ISSUED AGAINST THE APPLICANT.
- 2) CONVICTIONS FOR MORE THAN TWO MOVING VIOLATIONS WITHIN THE PAST THREE YEARS.
- 3) ANY DRIVERS LICENSE SUSPENSION WITHIN THE PAST THREE YEARS FOR DRIVING UNDER THE INFLUENCE (DWI/DUI), FAILURE TO CARRY LIABILITY INSURANCE AND/OR ANY OTHER REASON TO INDICATE POOR DRIVING BEHAVIOR.
- 4) ANY DRIVERS LICENSE REVOKATION WITHIN THE PAST FIVE YEARS FOR ANY REASON.

MILITARY RECORD DISQUALIFIERS:

- 1) HAVING BEEN DISCHARGED FROM MILITARY SERVICE WITH A DISHONORABLE DISCHARGE.
- 2) HAVING BEEN DISCHARGED FROM MILITARY SERVICE WITH A GENERAL DISCHARGE INDICATING BAD CONDUCT OR ANY OTHER CHARACTERIZATION INDICATING BAD CHARACTER.

DRUG USE DISQUALIFIERS:

- 1) ILLEGAL USE OF ANY CONTROLLED SUBSTANCE OR ILLEGAL DRUG WITHIN THE PAST THREE YEARS.
- 2) HAVING A POLICE OR CRIMINAL RECORD OF ILLEGAL DRUG USAGE, POSSESSION AND/OR POSSESSION WITH INTENT TO SELL/FURNISH DRUGS TO ANOTHER.

GENERAL DISQUALIFIERS:

- 1) BEING A PAST MEMBER, PRESENT MEMBER, APPLICANT OR CLOSELY ASSOCIATED WITH ANY ORGANIZATION THAT ADVOCATES THE OVERTHROW OF A GOVERNMENTAL AGENCY BY FORCE OR VIOLENCE.
- 2) BEING A PAST MEMBER, PRESENT MEMBER, APPLICANT OR CLOSELY ASSOCIATED WITH ANY ORGANIZATION WHICH ADVOCATES OR ENGAGES IN UNLAWFUL CONDUCT DIRECTED AT INDIVIDUALS OR GROUPS BASED UPON A PERSON'S OR PERSONS' RACE, SEX, RELIGION, NATIONAL ORIGIN, AGE, SKIN COLOR, SEXUAL PREFERENCE, DISABILITY AND/OR ENGAGES IN CONDUCT OTHERWISE COMMONLY KNOWN AS A HATE CRIME.
- 3) MAKING ANY FALSE STATEMENT OF FACT, DECEPTION BY STATEMENT AND/OR DECEPTION BY OMISSION AT ANY POINT IN THE APPLICATION PROCESS.

PLEASE RETURN YOUR COMPLETED APPLICATION TO THE DEPARTMENT VIA HAND DELIVERY OR MAIL



**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.

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
PHYSICIAN (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 _____



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

Clinical evaluation of 12 lead EKG:

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 physician 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: (5) Be in good physical condition as determined by a medical examination given by a physician or surgeon licensed to practice in the state pursuant to chapter 458, or an osteopathic physician or surgeon licensed to practice in the state pursuant to chapter 459. Such examination may include, but need not be limited to, provisions of the National Fire Protection Association Standard 1582.

Physician Information

Name (print or type) _____

Signature _____

Date _____ telephone number _____

office address: _____

**SOUTHWEST RANCHES VOLUNTEER FIRE-RESCUE
MEMBER DATA SHEET**

Name: _____

Address: _____

Mobile Phone: _____ Home Phone: _____

Email Address: _____

Date of Birth: _____ Height: _____

Hair/Eye Color: _____ FL State Cert Number: _____

Check FL Certifications that apply: Fire _____ EMT-B _____ EMT-P _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

----DO NOT COMPLETE BELOW THIS LINE----

Hire Date: _____ Department Number: _____