

City of Dunnellon Volunteer Fire/Rescue Department



Membership Application



Firefighter/EMS [] Explorer [] Associate/Support/Auxiliary []

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Age: _____ Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ State: _____ Sex: M / F

Employer/Occupation: _____

School/Grade/GPA (Explorer): _____

Have you ever been convicted of a felony or misdemeanor: yes / no. If yes, explain: _____

Do you have any Firefighting/EMS experience or training: yes / no. If yes, explain: _____

List Three Unrelated References:

Name Address Phone

Name Address Phone

Name Address Phone

The City of Dunnellon Volunteer Fire/Rescue Department is an equal opportunity volunteer agency that welcomes all applicants after a driver and criminal background check. Upon becoming a member of the Department, it is your responsibility to become completely familiar with and understand the Standard Operating Guidelines (SOGs) for the Department. Further, you will be held accountable for any actions found inappropriate to or in direct violation of the Standard Operating Guidelines for the Department.

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

City of Dunnellon Volunteer Fire/Rescue Department



Medical Information



This information on this page is confidential and will be kept in a file separate from your application that is exclusively accessible by the Fire Chief or designated staff such that it can be provided to caregivers in the event you are incapacitated to ensure you will receive appropriate and proper medical treatment/transport.

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Age: _____ Date of Birth: _____ Sex: M / F SSN: _____

Emergency Contact:

Name Address Phone

Do you have any allergies: yes / no. If yes, explain: _____

Do you have any pertinent medical history: yes / no. If yes, explain: _____

Do you take any medications: yes / no. If yes, explain: _____

Do you have any disabilities: yes / no. If yes, explain: _____

Who is your primary care physician: _____

What is the date of your last physical: _____ What is your blood type: _____

Which hospital do you prefer: _____

Do you have medical insurance: yes / no. If yes, list the provider and policy number: _____

You are covered by Florida Workers' Compensation while participating in any City of Dunnellon Volunteer Fire/Rescue Department sponsored event and it is extremely important you immediately report any injury sustained to the supervising Firefighter/EMT during an event. Update the information on this page as needed.

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

