



CITY OF MIDWAY

VOLUNTEER FIRE DEPARTMENT

APPLICATION PACKET



**CITY OF MIDWAY
VOLUNTEER FIRE DEPARTMENT
APPLICATION CHECKLIST**

1. The following items must accompany your application at the time you submit it.

- 7-year Driving History (obtained from (DHSMV)
- Copy of Drivers License
- Copy of High School Diploma/GED or College Degree, if earned
- Copy of Birth Certificate
- Copy of Social Security Card
- Completed Background Investigation Form
- Medical Release Authorization Form (City of Midway) to be signed by your medical doctor. (Please provide your medical doctor's phone number and address.)
- Division of the State Fire Marshal (Medical Examination Form) (Please provide your medical doctor's phone number and address.)

2. Please note that if your court record indicates you have been arrested for a drug offense you *may* be required to submit to a drug test, at your expense, at a designated medical facility prior to admission into the Academy.

3. Return your application packet with the documentation required to the City of Midway at the following address:

**City of Midway
Volunteer Fire Department
50 MLK Blvd.
Midway, FL 32343**



**CITY OF MIDWAY
VOLUNTEER FIRE DEPARTMENT
QUESTIONNAIRE**

Last Name	First	Middle Initial	Date of Birth
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Are you employed in the Midway area or the County? Yes No

**If yes, would you be able (sometimes) to leave work to respond to a fire?
 Yes No**

If yes, list days and hours you could possibly leave work and respond, including evenings and nights. _____

If you work outside the City of Midway, or if you do not work, please list days and hours you could possibly respond to a fire, including evenings and nights.

I acknowledge that I am to maintain a Florida Driver's license in good standing, remain a moral citizen and abide by all laws governing the State of Florida. Should I lose my driving privileges or criminal charges be brought against me, I will notify the Chief immediately of such action(s).

Signature of Applicant

Date

The Pledge:

"I pledge to wear my seat belt whenever I am riding in a Fire Department vehicle. I further pledge to insure that all my brother and sister firefighters riding with me wear their seat belts. I am making this pledge willingly; to honor Brian Hunton, my brother firefighter because wearing seat belts is the right thing to do."

Signature of Applicant

Date



**CITY OF MIDWAY
VOLUNTEER FIRE DEPARTMENT
MEDICAL RELEASE FORM
(Please have completed by your physician.)**

Name of Applicant

Name of your Physician

Answer the questions below by placing a mark in the appropriate space:

- | | | |
|-----|-----|--|
| Yes | No | Do you have a history of: |
| ___ | ___ | Diabetes |
| ___ | ___ | Epilepsy/Seizures/Convulsions |
| ___ | ___ | Blackout Spells or Fainting |
| ___ | ___ | Back Problems |
| ___ | ___ | Hernias |
| ___ | ___ | Drug or Alcohol Abuse |
| ___ | ___ | Psychiatric Treatment |
| ___ | ___ | Blood Pressure Problems |
| ___ | ___ | Heart Disease |
| ___ | ___ | Tuberculosis |
| ___ | ___ | Asthma |
| ___ | ___ | Arthritis |
| ___ | ___ | Are you pregnant? If so, what is your due month _____ |
| ___ | ___ | Do you need to wear glasses while driving? |
| ___ | ___ | Do you take any type of medication? If so, what type and for what Reason (s)? Please list below: |

I certify that the above statements are true and correct to the best of my knowledge. I also give the City of Midway permission to contact my personal physician to verify that I am in good physical health to fulfill and carry out the duties and responsibilities required of me by the Midway Volunteer Department.

Signature of Applicant

Date

OFFICIAL USE ONLY

Hire Date: _____ Date of Termination: _____

Leave of Absences: _____

Other Personnel Notes: _____



**CITY OF MIDWAY
VOLUNTEER FIRE DEPARTMENT
EQUIPMENT INVENTORY LIST**

Volunteer Firefighter's Name

Bunker Gear

Coat

ID/SN: _____ **Month/Year of Manufacturer:** _____

Model Name/Number & Design: _____

Size/Size Range: _____

Pants

ID/SN: _____ **Month/Year of Manufacturer:** _____

Model Name/Number & Design: _____

Size/Size Range: _____ **Suspenders:** _____

Other

Foot Size/Width: _____ **Helmet:** _____

Hood: _____ **Gloves:** _____

Eye Protection: _____ **Ear Protection:** _____

Equipment

Radio Make/Model/SN: _____

Charger SN: _____ **Badge:** _____ **Key to Station:** _____

Pager SN: _____ **# to Pager:** _____

Letter Ref: POV Lights: _____ **Key to Office:** _____

POV Lights Make /Model/SN: _____

Uniform

Badge: _____

White Collar Shirts - # & Size: _____

T-Shirts - # & Size: _____

Pants - # & Size: _____

Rank Emblems: _____

