MALABAR
FIRE DEPARTMENT

FIRE CHIEF MIKE FOLEY
FIRECHIEF@TOWNOFMALABAR.ORG

1840 MALABAR ROAD **MALABAR, FLORIDA 32950** **(321)-725-1030**

VOLUNTEER FIREFIGHTER APPLICATION AND INFORMATION PACKET

Dear Volunteer Applicant,

Thank you for your interest in the Town of Malabar's Fire Department Volunteer Fire Fighter Membership and Roster. Malabar Fire Rescue depends on committed volunteers of certified fire fighters with the State of Florida to augment our talented team of Lieutenants and Driver Engineers who share in the rewarding and selfless profession as first responders.

The Malabar Fire Department has a review and selection process for all positions and applications, to include volunteer firefighter service members. Please review the entire packet and service agreement prior to completing and submitting an application for the Fire Chief's review committee to join our first responder team.

The volunteer service has levels of expectations of each member to be professional, courteous, and a calling to serve the community. Every member shall be able to commit to a regular attendance schedule of 12 hours per week which equates to 48 hours per month, the minimum monthly volunteer service hour commitment. Malabar Volunteer Fire Fighters are eligible for a small monthly incentive, defined as pay-per-call, after completing 48 service hours within the same month of service.

The benefit of the volunteer program for State of Florida Certified Fire Fighters is the opportunity to serve the Town of Malabar's residents, business, and visitors as a member of the Malabar Fire Department. Under leadership of our dedicated and professionally trained Lieutenants, you will experience and respond to calls for service to protect life and property as well as ample training opportunities for certification credits and advancement in the fire rescue profession. We are committed to each volunteer firefighter member career and service goals as much as the member is committed to attendance and participation.

Being a volunteer firefighter is rewarding and a selfless act for the safety of others and we look forward to your application. The next part of the package lists the criteria needed for membership, as well as step-by-step explanation to assist you as you go through the application process. If at any time you have questions, please contact my office with any inquiry regarding the Volunteer Firefighting role.

Thank you,

Michael Foley
Fire Chief,
Town of Malabar

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VOLUNTEER FIREFIGHTER MEMBERSHIP ELIGIBILITY AND CRITERIA:

- ✓ BE AT LEAST 18 YEARS OF AGE.
- ✓ BE A U.S. CITIZEN OR BE ELIGIBLE TO WORK IN THE UNITED STATES:
  - COMPLETE IRS FORM I9, EMPLOYMENT ELIGIBILITY VERIFICATION WITH ACCEPTABLE DOCUMENTS FROM LIST.
- ✓ BE A HIGH SCHOOL GRADUATE (OR EQUIVALENT)..
- ✓ POSSESS A VALID FLORIDA DRIVER'S LICENSE:
  - PROVIDE A FHSMV DRIVING RECORD
- ✓ POSSESS A CURRENT FIREFIGHTER I OR II LICENSE CERTIFICATE IN THE STATE OF FLORIDA.
- ✓ POSSESS A CURRENT FLORIDA EMT CERTIFICATE.
- ✓ COMPLETE A CRIMINAL BACKGROUND CHECK:
  - MUST NOT HAVE PLED GUILTY TO, ENTERED A PLEA OF NO CONTEST, OR HAVE BEEN CONVICTED OF ANY MISDEMEANOR WITHIN THE PAST THREE YEARS.
  - MUST NEVER HAVE PLED GUILTY TO, OR ENTERED A PLEA OF NO CONTEST, OR HAVE BEEN CONVICTED OF ANY FELONY, REGARDLESS OF TIME SPAN.
  - MUST NOT HAVE HAD A SUSPENSION OF REVOCATION OF DRIVING PRIVILEGES OR HAVE LOST MORE THAN EIGHT POINTS WITHIN THE PRECEDING THREE YEARS.
- ✓ BE FIT FOR DUTY: COMPLETE AND PASS A MEDICAL EXAMINATION.
- ✓ COMPLETE A PRE-EMPLOYMENT DRUG SCREEN TEST.

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VOLUNTEER FIREFIGHTER APPLICATION PROCESS:

Important: The department will not accept nor review partial application, unless authorized by The Fire Chief. All items, forms, additional documents must be complete and attached.

Submit the following forms and documents to the **Fire Administration Office**:

1. Completed and Signed Membership Application.
2. A Copy of your valid Firefighter I or II State of Florida License Certification.
3. A Copy of your valid State of Florida EMT Certification.
4. Any Copy(s) of additional Certifications that may be relevant for this competitive opportunity.!
5. A Copy of your valid Florida Driver's License
6. A Copy of Your Driving Record for seven years:
   - You may obtain a copy of your driving record in-person, through any Brevard County! Clerk of Courts office. In South Brevard County, the closest office is located at 450! Cogan Drive, Palm Bay, Fl., 32909 and may be contacted at 321-637-5413. More! information of other options offered through the Florida Highway Safety and Motor! Vehicles website at **Questions About Driving Records - Florida Department of Highway Safety and Motor Vehicles (flhsmv.gov).**
7. Copy of High School Diploma, G.E.D .• or diploma of the highest degree earned.
! Authenticity will be verified with the institution.
8. The Department will provide an authorization letter and instructions to complete a Pre-!!!!!! !!!!!!!!Employment Drug Screening. The applicant must schedule an appointment at Health First !!!!!!!!Advent Health Centra Care Malabar after receiving the authorization letter.

The following items are the **financial responsibility** of the applicant for consideration of membership eligibility:

9. The completed Medical Examination per the provided form and a fit for duty status authorization from a certified medical provider in the State of Florida.

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Submit the following forms and documents to the **Town Administration Office** located at 2725 Malabar Road, Malabar, Florida 32950.

Important: These documents shall not be emailed as the documents contain your personal identification:

1. Completed I9 IRS Form I9, Employment Eligibility Verification with Acceptable Documents from List.

2. W4 Form, Payroll Authorization Form and Voided Check for Direct Deposit, these are applicable to any earned pay-per-call incentives.

3. A Check or Money Order for your background check in the amount of $30.00 dollars payable to the Town of Malabar.

Upon receipt of the application and supporting documentation, the application with be reviewed and evaluated by the Town of Malabar Fire Department. The Fire Chief may require an additional in person interview with the applicant. The Fire Chief will contact the applicant in writing for acceptance or denial of the application to serve as a Volunteer Firefighter Member.

After acceptance as a volunteer member, you will be assigned to a shift Lieutenant, and you will report to that shift for the duration of your probationary period. Your shift Lieutenant will be the one signing off your evaluation form. New members serve in a probationary status six months. During this time, the performance and behavior of the probationary member will be monitored and documented. The member is not permitted to access to the fire station during unapproved shifts, unless approved by the Fire Chief or designated Officer on Duty. The Fire Chief has the authority to terminate membership as volunteer fire fighter with no cause during a probationary period.

Upon termination or separation from the membership, by either the member or by the agency, the member shall return any and all Town of Malabar issued items to the member thought the Fire Department. The department shall maintain a list of issued equipment to each member that shall be used for the separation check list. Any missing issued equipment will be the financial responsibility of the member to restore public funds to the agency. The Member shall report any damage or loss of Town issued equipment to the shift Lieutenant immediately upon incident for report, inventory change documentation, follow up corrective action plan(s), and restoration of safety and required equipment for active fire responder personnel. Therefore, the member issued items should be up to date and accountable for both the member and the agency representative.

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VOLUNTEER FIREFIGHTER MEMBER ELIGIBILITY APPLICATION

APPLICANT NAME AND CONTACT

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER
PRESENT ADDRESS		
PREVIOUS ADDRESS		
PRIMARY PHONE NUMBER	ALT!PHONE NUMBER	EMAIL ADDRESS
DRIVER'S LICENSE	STATE OF ISSUE	EXPIRATION

(MUST SUBMIT A COPY OF YOUR FLORIDA DRIVER'S LICENSE AND 7 YEAR DRIVING RECORD WITH APPLICATION)

APPLICANT QUESTIONNAIRE

DO YOU HAVE A LEGAL RIGHT TO BE EMPLOYED IN THE UNITED STATES?	YES	☐	NO	☐
ARE YOU OVER THE AGE OF 18?	YES	☐	NO	☐
HAVE YOU PASSED THE FLORIDA EMT/PARAMEDIC EXAM?	YES	☐	NO	☐
IF YES, PLEASE PROVIDE LICENSE NUMBER:				
HAVE YOU PASSED THE FLORIDA EXAM FOR FIREFIGHTER I OR II?	YES	☐	NO	☐
IF YES, PLEASE PROVIDE LICENSE NUMBER:				

(MUST SUBMIT A COPY OF YOUR VALID FLORIDA EMT AND OR FF I OR II LICENSES WITH APPLICATION)

EDUCATION AND SKILLS

FILL IN SCHOOL NAME AS APPLICABLE:	CITY, STATE	COURSE OR MAJOR	YEAR ATTENDED	CHECK IF GRADUATED.
COLLEGE				☐
FIRE ACADEMY				☐
EMT OR PARAMEDIC PROGRAM				☐
HIGH SCHOOL				☐

(MUST SUBMIT A COPY OF CERTIFICATES OR DIPLOMAS)

MILITARY SERVICE

DID YOU SERVE IN THE MILITARY		YES	☐	NO	☐
BRANCH	RANK	DISCHARGE DATE	TYPE OF DISCHARGE	

BACKGROUND QUESTIONNAIRE

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST-DEGREE MISDEMEANOR?	YES	☐	NO	☐
IF YES, WHAT WERE THE CHARGES?				
HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST-DEGREE MISDEMEANOR?	YES	☐	NO	☐
IF YES, WHAT WERE THE CHARGES?				
HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST-DEGREE MISDEMEANOR?	YES	☐	NO	☐
IF YES, WHAT WERE THE CHARGES?				

(A COMPLETE BACKGROUND CHECK WILL BE PERFORMED BY THE AGENCY. A "YES" ANSWER TO THESE QUESTIONS WILL NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT. THE NATURE, JOB-RELATEDNESS, SEVERITY AND DATE OF THE OFFENSE IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING ARE CONSIDERED [SEE §112.011, F.S.]

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EMPLOYMENT

NAME OF CURRENT EMPLOYER	POSITION/TITLE
START DATE	CURRENT SCHEDULE/HOURS:
DUTIES/RESPONSIBILITIES:	
SUPERVISOR NAME	SUPERVISOR'S PHONE NUMBER

EMPLOYMENT HISTORY

PREVIOUS EMPLOYER	POSITION/TITLE
START DATE	END DATE
DUTIES/RESPONSIBILITIES:	
SUPERVISOR NAME	SUPERVISOR'S PHONE NUMBER
REASON FOR LEAVING:	

EMPLOYMENT HISTORY

PREVIOUS EMPLOYER	POSITION/TITLE
START DATE	END DATE
DUTIES/RESPONSIBILITIES:	
SUPERVISOR NAME	SUPERVISOR'S PHONE NUMBER
REASON FOR LEAVING:	

EMPLOYMENT HISTORY

PREVIOUS EMPLOYER	POSITION/TITLE
START DATE	END DATE
DUTIES/RESPONSIBILITIES:	
SUPERVISOR NAME	SUPERVISOR'S PHONE NUMBER
REASON FOR LEAVING:	

PERSONAL REFERENCES

NAME	RELATIONSHIP
YEARS KNOWN	PHONE NUMBER
NAME	RELATIONSHIP
YEARS KNOWN	PHONE NUMBER

CERTIFICATION & ACKNOWLEDGEMENT

I AM AWARE THAT ANY OMISSIONS, FALSIFICATIONS, MISSTATEMENTS, OR MISREPRESENTATIONS ABOVE MAY DISQUALIFY ME FOR MEMBERSHIP CONSIDERATION AND MAY BE GROUNDS FOR SEPARATION AT A LATER DATE. I UNDERSTAND THAT ANY INFORMATION I GIVE MAY BE INVESTIGATED AS ALLOWED BY LAW.

I CONSENT TO THE RELEASE OF INFORMATION ABOUT MY ABILITY, EMPLOYMENT HISTORY, AND FITNESS FOR EMPLOYMENT BY EMPLOYERS, SCHOOLS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND ORGANIZATIONS TO INVESTIGATORS, HUMAN RESOURCES STAFF, AND OTHER AUTHORIZED EMPLOYEES OF FLORIDA STATE GOVERNMENT FOR EMPLOYMENT PURPOSES.

I HEREBY GIVE PERMISSION TO CONTACT THE REFERENCES LISTED ABOVE, TO CONDUCT A COMPLETE BACKGROUND CHECK AND I UNDERSTAND THAT I WILL BE REQUIRED TO TAKE A DRUG SCREENING TEST AND TO PROVIDE A PHYSICIAN'S LETTER ATTESTING TO MY FITNESS TO BE A FIREFIGHTER PRIOR TO ANY ACCEPTANCE BY THE FIRE DEPARTMENT. THIS CONSENT SHALL CONTINUE TO BE EFFECTIVE DURING MY MEMBERSHIP IF I AM ACCEPTED.

I UNDERSTAND THAT APPLICATIONS SUBMITTED FOR STATE EMPLOYMENT ARE PUBLIC RECORDS.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE STATEMENTS CONTAINED HEREIN AND ON ANY ATTACHMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH

APPLICANT SIGNATURE	**DATE**

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VOLUNTEER FIREFIGHTER MEDICAL EXAMINATION FORM

Per Florida Statute 633.34(5), this medical examination needs to be completed by a medical examination given by a physician, surgeon, or physician assistant licensed to practice in the state pursuant to chapter 458; an osteopathic physician, surgeon, or physician assistant licensed to practice in the state pursuant to chapter 459; or an advanced registered nurse practitioner licensed to practice in the state pursuant to chapter 464. Such examination may include, but need not be limited to, provisions of the National Fire Protection Association Standard 1582.

The examining medical professional needs to be aware of the type of physical activities the individual will be performing during firefighting.

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 individual would be compromised by permitting him/her to engage in the described activities due to any preexisting or current medical condition, injury, illness or deficiency revealed during the medical examination.

ESSENTIAL FUNCTIONS WHICH FIREFIGHTERS ARE EXPECTED TO PERFORM (NFPA 2022 1582):

1) Wear personal protective equipment (PPE) and self-contained breathing apparatus (SCBA) that weighs approximately 50 pounds while performing firefighting tasks (e.g. hose line operations, extensive crawling, lifting and carrying of heavy objects, ventilating roofs or walls using power or hand tools, forcible entry, rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged time periods,
2) Wearing an SCBA, which include a demand-valve-type positive-pressure facepiece or HEPA filter mask, which require the ability to tolerate increased respiratory workloads
3) Exposure to toxic fumes, irritants, particulates, biological (i.e., infectious) and nonbiological hazard, or heated gases, despite the use of PPE and SCBA
4) Climbing at least six flights of stairs or walking a similarly strenuous distance and incline while wearing PPE and SCBA, commonly weighing 40-50 pounds. and carrying equipment/ tool weighing an additional 20-40 pounds
5) Wearing PPE and SCBA that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F
6) Working alone, while, wearing PPE and SCBA, searching, finding, and recue-dragging or carrying victims ranging from newborns to adults, weighing over 165 pounds to safety despite hazardous conditions and low visibility
7) While wearing PPE and SCBA, advancing water-filled hose line up to 1 ¾ inches in diameter from fire apparatus to occupancy [approximately 150 feet], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
8) While wearing PPE and SCBA, climbing ladders, operating from heights walking or crawling in the dark along narrow and uneven surfaces that might be wet or icy, and operating in proximity to electrical power lines or other hazards
9) Unpredictable, prolonged periods of extreme physical exertion as required by emergency operations without benefit of a warm-up period, scheduled rest periods, meals, access to medication(s), or hydration
10) Operating fire apparatus or other vehicle in an emergency mode with emergency lights and sirens
11) Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions
12) Ability to communicate e (i.e. give and comprehend verbal orders) while wearing PPE and SCBA under conditions of high background noise, poor visibility, and drenching from hose line or fixed protection systems (e.g., sprinklers)
13) Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to member of the public or other team members
14) Working in shifts including during nighttime that can extend beyond12 hours

I, _____, state that all of the information I give to the examiner will be (to the best of my knowledge) completely honest. I further understand that should I knowingly provide the examiner with any false information I may be subject to termination from the Malabar Fire Department.

Signature _____ Date _____

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VOLUNTEER FIREFIGHTER MEDICAL EXAMINATION FORM

AUDITORY-HEARING DEFICIT IN THE PURE TONE THRESHOLDS AS INDICATED:				
HZ	LEFT EAR		RIGHT EAR	
0500 HZ		DB		DB
1000 HZ		DB		DB
2000 HZ		DB		DB
3000 HZ		DB		DB
0500 HZ		DB		DB
COMMENTS:				

EXAMINING MEDICAL PROFESSION INFORMATION (PLEASE COMPLETE ONLY IF HEARING TEST IS CONDUCTED OFF-SITE)			
PRINTED NAME		SIGNATURE	
DATE		TEL#:	
OFFICE ADDRESS			

VISUAL ACUITY TEST		
FOR VISUAL ACUITY	UNCORRECTED - BINOCULAR	20/
	CORRECTED - BINOCULAR	20/
CORRECTION ACCOMPLISHED UTILIZING: (CIRCLE ONE)	HARD CONTACT SOFT CONTACT SPECTACLES	
FOR PERIPHERAL VISION: DEGREE OF VISUAL FIELD PERFORMANCE IN THE HORIZONAL WITHOUT CORRECTION.	LEFT EYE	RIGHT EYE
COLOR VISION TEST	PASS	FAIL

RESULTS OF TUBERCULOSIS TEST					
NEGATIVE		POSITIVE			
PROOF OF MMR					
HEPATITIS SERIES					
#1 (DATE)		#2 (DATE)		#3 (DATE)	

VITAL SIGNS					
PULSE:		BLOOD PRESSURE READING:			
RESPIRATIONS:		SYSTOLIC:			
TEMPERATURE:		DIASTOLIC:			
HEIGHT:		WEIGHT:		BMI:	

CLINICAL EVALUATION OF 12-LEAD EKG

PLEASE CIRCLE WHETHER EACH OF THE FOLLOWING SYSTEMS IS NORMAL (N) OR ABNORMAL (AB) UPON EXAM:			
1.	DERMATOLOGICAL SYSTEM	N	AB
2.	EARS, NOSE, THROAT, MOUTH, EYES	N	AB
3.	CARDIOVASCULAR SYSTEM	N	AB
4.	RESPIRATORY SYSTEM	N	AB
5.	GASTROINTESTINAL SYSTEM	N	AB
6.	GENITOURINARY SYSTEM	N	AB
7.	ENDOCRINE AND METABOLIC SYSTEM	N	AB
8.	MUSCULOSKELETAL SYSTEM	N	AB
9.	NEUROLOGICAL SYSTEM	N	AB

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VOLUNTEER FIREFIGHTER MEDICAL EXAMINATION CERTIFICATION

LAST NAME		FIRST NAME		MI	
D.O.B		SS# (LAST 4)		DATE	

FOR THE MEDICAL PROFESSIONAL CONDUCTING THE EXAMINATION: THE PURPOSE OF THIS EXAMINATION IS TO ENSURE THAT THE PHYSICAL, PHYSIOLOGICAL, INTELLECTUAL, AND PSYCHOLOGICAL HEALTH OF THE APPLICANT IS SUITABLE FOR THE ENVIRONMENT AND FUNCTIONS OF A FIREFIGHTER AS DESCRIBED ON PAGE 7. THE EXAMINATION IS REQUIRED BY SECTION 633.34, F.S., BEFORE AN INDIVIDUAL ENGAGES IN THE FIREFIGHTER DUTIES.	
THIS MEDICAL EXAMINATION MUST BE COMPLETED BY A PHYSICIAN, SURGEON, OR PHYSICIAN ASSISTANT LICENSED TO PRACTICE IN THE STATE PURSUANT TO CHAPTER 458, F.S.; OR AN OSTEOPATHIC PHYSICIAN, SURGEON, OR PHYSICIAN'S ASSISTANT LICENSED TO PRACTICE IN THE STATE PURSUANT TO CHAPTER 459, F.S. ; OR AN ADVANCED REGISTERED NURSE PRACTITIONER LICENSED TO PRACTICE IN THE STATE PURSUANT TO CHAPTER 464, F.S.	
SUCH EXAMINATION MUST INCLUDE, AT A MINIMUM, THE FOLLOWING, BUT NEED NOT BE LIMITED TO, PROVISIONS OF THE NATIONAL FIRE PROTECTION ASSOCIATION STANDARD 1582.	
DERMATOLOGICAL SYSTEM	EARS, NOSE, THROAT, MOUTH, EYES
CLINICAL EVALUATION OF 12 LEAD EKG	AUDITORY HEARING IN THE PURE TONE
CARDIOVASCULAR SYSTEM	FAR VISUAL CORRECTED OR UNCORRECTED
SYSTOLIC AND DIASTOLIC PRESSURE	PERIPHERAL VISION
RESPIRATORY SYSTEM	GENITOURINARY SYSTEM
GASTROINTESTINAL SYSTEM	MUSCULOSKELETAL SYSTEM
ENDOCRINE AND METABOLIC SYSTEM	NEUROLOGICAL SYSTEM
FOR THE MEDICAL PROFESSIONAL CONDUCTING THE EXAMINATION TO COMPLETE: (SIGN IN APPROPRIATE BOX)	
BASED ON THE RESULTS OF THIS MEDICAL EVALUATION, THE APPLICANT IDENTIFIED ABOVE:	
HAS NO PRE-EXISTING OR CURRENT CONDITION, ILLNESS, INJURY, OR DEFICIENCIES. THE APPLICANT **IS MEDICALLY FIT** TO ENGAGE IN THE ESSENTIAL DUTIES OF A FIREFIGHTER.	HAS A PRE-EXISTING OR CURRENT CONDITION, ILLNESS, INJURY, OR DEFICIENCY THAT PRESENTS A SAFETY OR HEALTH RISK IN THE ENVIRONMENT OR JOB FUNCTION OF A FIREFIGHTER. THE APPLICANT **IS NOT MEDICALLY FIT** TO ENGAGE IN THE ESSENTIAL DUTIES OF A FIREFIGHTER.
SIGNATURE	**SIGNATURE**

COMPLETION REQUIRED (PLEASE PRINT)	
NAME OF MEDICAL PROFESSIONAL SIGNING FORM	**DATE SIGNED**
OFFICE ADDRESS	**OFFICE TELEPHONE NUMBER**

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VOLUNTEER FIREFIGHTER AGREEMENT

For ALL Active and New Members

Subject: Active Member Status

In order to maintain an active member status with the Malabar Fire Department, the minimum requirements must be met each month:

- Submit schedule on or before due
- Minimum 48 duty hours
- Minimum 8 training hours
- Zero incidents of no call/no show for duty

Any violations of the above by a probationary member is immediate termination.

Failure to meet any of the above minimum requirements in any 30-day period, or failure to communicate a valid justifiable reason (requires documentation) will result in the following. There are ***No Exceptions.***

1st Occurrence written warning, with 60-day probation.
2nd Occurrence termination.

Malabar Fire Rescue is second to none; there is nothing convenient in the delivery of emergency services. If you cannot meet these requirements this is not the organization for you. We are aggressive and progressive, one team with one common goal. Success accomplishing the job and return home safely from shift.

I, _____, agree that if I fail to maintain my commitment of volunteer hours with the Fire Department for a period of 12 months. I will surrender all Malabar Fire Department issued equipment immediately and separate from the membership.

Signature _____ Date _____

Witness _____ Date _____

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TOWN OF MALABAR ANTI-FRATERNIZATION POLICY

DATE OF MEMORANDUM: OCTOBER 18, 2018
APPROVED BY: MATTHEW STINNETT, TOWN MANAGER
FROM: MICHAEL FOLEY, FIRE CHIEF_
REF: "ANTI-FRATERNIZATION POLICY"
15-FC-036

"Anti-fraternization policy"

To avoid the dangers of management fraternization with a subordinate employee, and to help prevent even the appearance of improper conduct, favoritism, improper use of authority or sexual harassment, it is the policy of Malabar Fire Rescue, that managers, supervisors or any other employee who has the authority to directly or indirectly affect the terms and conditions of another's employment shall not fraternize with that employee, nor shall any employee maintain such a relationship with any employee of Malabar Fire Rescue.

The fraternization prohibited in this policy includes dating, romantic involvement or sexual relations and does not include and is not meant to discourage friendship or social activities among staff, employees, and or volunteer members. Should a personal relationship prohibited by this policy be contemplated:

The supervisor, manager or employee involved is required to notify the Fire Chief immediately, as well as notice to the Town Manager. Whereas a relationship prohibited by this policy exists, Malabar Fire Rescue and Town Management shall take whatever action it believes necessary to remove the parties from any continued contact and/or supervisory line of authority without compromising Malabar Fire Rescue operations and the interests of maintaining public safety. Management may consider the affected parties' opinions on how best to resolve the situation (i.e. resignation, relocation, etc.) prior to making a decision.

Malabar Fire Rescue management recognizes that the question of whether a relationship constitutes fraternization or simply a social relationship is a personal issue. However, because of the potential for inappropriate conduct, employees are encouraged to bring any questions regarding fraternization to the Fire Chief and Town Manager.

Violation of this policy will be followed up with progressive discipline up to and including termination.

I, _____, have read and understand policy 15-FC-036, entitled "Anti-fraternization!Policy".

Signature _____ Date _____

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VOLUNTEER AND EMERGENCY CONTACT INFORMATION

This form is important to maintain and keep accurate throughout your volunteer membership with the Town of Malabar and Malabar Fire Rescue. In the event of medical event, please be sure to provide as much information for your well-being and Town knowledge to keep you safe while performing your duties.

Please ensure that your contact information is correct and accurate as this information will be used to contact or notice members of operational communications of the department.

VOLUNTEER MEMBER NAME

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER:
CURRENT ADDRESS		
PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL ADDRESS
CURRENT EMPLOYER	OCCUPATION/TITLE	EMPLOYER PHONE

EMERGENCY CONTACT

NAME	PHONE
RELATIONSHIP	
NAME	PHONE
RELATIONSHIP	

LIST ANY KNOWN ALLERGIC REACTIONS (I.E.: MEDICATIONS OF FOODS)

ADDITIONAL QUALIFICATIONS / CERTIFICATIONS – IN A DECLARED OR UNDECLARED EMERGENCY, YOU MAY BE CALLED TO ASSIST RECOVERY EFFORTS

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SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE

This statement is being provided to you pursuant to Section 119.071 (5), Florida Statutes.

The Town of Malabar collects your social security number and may disclose your social security number to a commercial entity for the following purposes, including but not limited to: drug testing administration, physical exams, medical records, blood work, worker's compensation administration, claims investigation and for any purpose allowed under law not limited by protection under state or federal privacy laws.

Social security numbers are also used as a unique numeric identifier and may be used for search purposes. The Town of Malabar may disclose social security numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities.

I have read and understand the SSN disclosure statement:

I, _____, have read and understand the SSN disclosure statement.

Signature _____ Date _____