WOODVILLE VOLUNTEER

FIRE DEPARTMENT

NEW MEMBER APPLICATION PACKAGE

Updated August 2026

Submit your completed application packet to wvfd1300@yahoo.com:

APPLICANTS: Please read all enclosed materials. Complete and return the following documents.

1. Statement of Policy
2. Member Application and Contact Information
3. Consent to a Criminal Background Check conducted by Woodville VFD
4. Consent to Drug and Alcohol Testing document.
5. Hepatitis B Immunization Offer
6. Driving Record from Florida Division of Highway Safety and Motor Vehicle
7. Provide copy of Driver's License or State Identification Card.
8. Provide copy of Florida Concealed Weapons Permit (If applicable)
9. Firearms memorandum acknowledgement
10. Provide a copy of your DD-214. (If applicable)
11. Provide copies of any fire, medical or professional certifications.
12. Signature Page

If you have any questions or concerns, please call to discuss them before making any further decisions on membership.

STATEMENT OF POLICY

The Woodville Volunteer Fire Department's is committed to providing a safe and healthy environment for every member regardless of race, gender, age, sexual orientation or religion and an environment free from sexual harassment, hazing of new members, verbal or physical abuse by any member or entity associated with or who does business with our department.

The Woodville Volunteer Fire Department abides by the accident prevention regulations set forth by Federal, State and Local Governments. We are sincerely interested in the safety, mental and physical welfare of our members and believe that promoting a healthy environment for all members along with accident prevention is essential in maintaining an efficient operation.

It is this organization's requirement that all safety rules be strictly observed, although it is impossible to publish a rule to cover every circumstance. If a safety rule has been omitted or overlooked, it does not excuse carelessness or lack of common sense or poor judgement in the performance of job duties.

You are urged to cooperate fully. Abuse of, or a disregard for, rules is a violation of Woodville Volunteer Fire Department policy and will be treated accordingly. Your help in preventing accidents benefits not only yourself, but also your fellow members and the public, and we should all strive to make this organization accident free.

Respectfully,

Richard Meuth, Fire Chief

Woodville Volunteer Fire Department, Inc.

Cell# 850-933-4018

WOODVILLE VOLUNTEER FIRE DEPARTMENT

MEMBERSHIP APPLICATION

Date:			
Name:			
Email:			
Birth Date:		**SSN:**	
Phone (Home):	**FL DR #:**		
Phone (Work):	**Occupation:**	**Employer:**	
Phone (Cell):	**Vehicle Ins. Co:**		
	Vehicle Ins. #:		

Emergency Contact	**Name:**	
	Address:	
	Phone:	

Area(s) of interest. (Circle all that apply):	Firefighting	Medical 1st Responder	Auxiliary	Administrative
Highest Level of Education. (Circle all that apply):	High School/GED	College/University	Graduate	Vocational

If you have had any previous firefighting or medical experience, please list the organization name(s) and phone number(s) on a separate sheet of paper.

Do you have any pre-existing medical conditions that would prevent you from performing strenuous physical activity? If the answer is yes, please explain on a separate sheet of paper.

Please list any special talents or skills (electrical/carpentry, mechanical skills, computer skills, etc) you may be able to offer to the department on a separate sheet of paper.

My signature below indicates that I certify the above information, and all submitted application documents to be true and accurate under penalty of perjury.

SIGNATURE: _____

Personal Contact Information

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

D.O.B.: _____

BLOOD TYPE: _____

ALLERGIES: _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____

RELATIONSHIP: _____

PHONE (S): _____

I am applying to be a:

(Circle one): Fire Fighter Emergency Medical Responder Auxiliary /Administrative

All members <u>are encouraged</u> to have a complete physical exam every year.

All Responders <u>are required</u> to provide proof of a physical exam completed within the previous calendar year before any equipment is issued. **All Responders** will provide proof of an annual physical every year.

FCRA DISCLOSURE & AUTHORIZATION

VOLUNTEER BACKGROUND SCREENING

DISCLOSURE

Woodville Volunteer Fire Department shall obtain a consumer report about you for purposes of evaluating your application for, or continued service as, a volunteer with the Woodville Volunteer Fire Department.

The report may contain information regarding your criminal history and other background information relevant to volunteer screening. The report will be obtained from a consumer reporting agency and used only for legitimate volunteer screening purposes and in accordance with applicable law. **Failure to authorize this consumer report will suspend the application process of new members and terminate membership of existing members.**

AUTHORIZATION

I authorize Woodville Volunteer Fire Department and its authorized agents, including its designated background screening provider, to obtain a consumer report about me for volunteer screening purposes.

I understand that the report will be used to evaluate my eligibility or continued suitability for volunteer service with WVFD. I authorize the procurement of the consumer report for this purpose.

VOLUNTEER INFORMATION

Full Legal Name: _____

Other Name(s) / Maiden Used: _____

Date of Birth: _____

Current Address: _____

City: _____ **State:** _____ **ZIP:** _____

SIGNATURE

I have read and understand the disclosure above and voluntarily authorize WVFD to obtain a consumer report about me for volunteer screening purposes.

Signature: _____

Printed Name: _____

Date: _____

Email/Phone: _____

WOODVILLE VOLUNTEER FIRE DEPARTMENT

CONSENT for DRUG or ALCHOL TESTING FORM

I, _____ (individual name), as volunteer of the Woodville Volunteer Fire Department, have been informed that:

1. An individual may be asked to voluntarily submit to a drug/alcohol test if reasonable suspicion exists that the individual may be in violation of the Substance Abuse SOP 2022-24.
2. I have been asked to voluntarily submit to a drug/alcohol test to determine if I am in violation of the department's Substance Abuse SOP 2022-24.
3. The test may include a urine sample and/or a breath alcohol test.
4. I will be directed to and from a designated location where the specimens will be collected.
5. The test results will be provided to the Woodville Volunteer Fire Department, Fire Chief and Board President.
6. A positive test will result in disciplinary action up to and including termination from the department.
7. I may refuse to submit to the drug/alcohol test, but such refusal may be considered a violation of Substance Abuse SOP 2022-24 and cause for immediate termination under application rule/procedure.
8. I will be subject to immediate termination if I adulterate or dilute the specimen, substitute the specimen, send an imposter, or refuse to cooperate in the testing process in such a way that prevents completion of the test.

The Board has a reasonable suspicion statement regarding allegation:

_____

_____

At the conclusion of this process, I will be instructed to make arrangements for my safe transportation home, and the Fire Chief will notify the police if I attempt to operate a vehicle while under the influence of a controlled substance.

I have read the form and voluntarily agree to undergo testing for drugs and/or alcohol.

_____

Volunteer Signature Volunteer Printed Name & Date

I authorize the laboratory to disclose all pertinent medical information and all laboratory results to an authorized representative of Woodville Volunteer Fire Department.

_____

Volunteer Signature Volunteer Printed Name & Date

HEPATITIS B IMMUNIZATION OFFER

All Volunteer Fire Department members are required, by Federal Law, to be provided with immunization, information, and supplies to protect themselves from communicable diseases such as Hepatitis B.

The first step in the process is decision making. The best way to decide is to first have all the facts. To assist our members in obtaining all the facts, we recommend that all prospective members visit the **Center for Disease Control (CDC) website at www.cdc.gov.** Extensive information on both the disease and the vaccine can be found through links listed on that page. Below is the basic information on hepatitis B.

Hepatitis B is a vaccine-preventable liver disease caused by a virus and transmitted via body fluids such as blood or semen. The leading cause of liver cancer globally, hepatitis B, is a liver disease caused by the hepatitis B virus. The virus spreads when blood, semen, or other body fluid from a person infected with the hepatitis B virus enters the body of someone who is not infected. The major routes of transmission are from mother to infant (perinatal), child to child (non-sexual person-to-person contact), sexual contact, and percutaneous exposure (through blood, sharing needles or syringes and drug-injection equipment) to blood or other infectious body fluids.

The Center for Disease Control highly recommends for all First Responders and healthcare providers to receive the Hepatitis B vaccine. **The best way to prevent hepatitis B is to be fully vaccinated.** If you have not previously received the hepatitis B vaccination the Administration of the Woodville Volunteer Fire Department encourages you consult with your personal physician and consider receiving this vaccination. Through negotiations with the Leon County this vaccination is offered free to volunteer fire department members.

I understand that if I have any further questions, I should contact the Fire Chief or the Deputy Chief of Operations.

I have reviewed the information provided to me about Hepatitis B and the vaccine.

_____ _____

Member's Name/Signature Date

_____ _____

Witnessed by Command Staff Member Date

WOODVILLE VOLUNTEER FIRE DEPARTMENT
1555 Oak ridge Road East
Tallahassee, Fl 32305

INTEROFFICE MEMORANDUM

FROM: Richard Meuth, Fire Chief
TO: All Members
CC: Administrative Board
DATE: April 11, 2018

RE: Concealed Weapon/ Firearm by Woodville Volunteer Fire Department Members

I have reviewed the current Tallahassee Fire Department and Woodville Volunteer Fire Department Standard Operating Procedures. Neither has any reference to this topic.

This is my stance on members carrying concealed firearms while performing firefighting duties.

If the State of Florida has authorized, you, by issuance of a concealed weapon or firearm license to carry a firearm concealed on your person or in a vehicle in your charge it is not the responsibility nor the duty of the Woodville Volunteer Fire Department to further regulate or infringe on your second amendment right.

However, I can and do by way of this written direct order restrict you form carrying a concealed firearm on your person while in direct contact with a medical patient or while performing firefighting duties.

I am requesting a photocopy of your concealed permit to be placed in your personnel file.

Richard Meuth, Fire Chief

Acknowledgement of Firearm Carrying Notice

_____ _____
Signature Date Date

_____ _____
Printed name Phone Number Phone Number

_____ _____
Address Email Email

_____ _____
Concealed Carry Permit Number

VOLUNTEER RESPONSIBILITIES

As a member of the Woodville Volunteer Fire Department, we have certain responsibilities to each other. There is more to being a volunteer than being a good firefighter or first responder.

THE DEPARTMENT'S RESPONSIBILITIES TO THE MEMBER

The Department / Command Staff will - - -

Provide sound leadership and guidance while always treating you with respect and dignity.

Direct you where you can receive training in firefighting, emergency medical responder, emergency vehicle operation and other areas to ensure that you are equipped to handle your duties.

Provide the necessary personal protective equipment (PPE) compensatory for your firefighting or Emergency Medical Responder duties.

Provide you with a two-way radio and training in the correct way to use it so you can communicate with other members during an incident. Provide you with a pager so you can be notified of incidents in our response area. After you have completed your probation, provide an additional method of dispatching via your personal cell phone.

Provide you with the fellowship and friendship of the other members who, like you, believe in serving our community.

The Woodville Volunteer Fire Department / Command Staff will not - - -

Knowingly compromise your safety by allowing you enter dangerous situations with substandard personal protection equipment. Knowingly assign you to a task or allow you to be assigned to a task you have not been trained for or are not properly equipped to complete safely.

Knowingly allow you to be subjected to any form of discrimination, hazing, or verbal abuse.

THE MEMBER'S RESPONSIBILITIES TO THE DEPARTMENT

You shall be responsible for - - -

Completing the required basic training courses or training during your first year with the Department.

Complete the Emergency Medical Responder training course which will be paid by the department with the understanding if the member does not complete the course the member will reimburse the department all cost associated with the class.

During your probationary period (first 12 months), **if you are trained** you are expected to participate in fire/rescue calls, **if you are not trained** you are expected to participate in all training sessions, all fundraising activities, all monthly meetings, and other mandatory activities as defined in the Department's SOP Section 1.0.

As an active member, you are required to participate in a minimum of 36 fire/rescue calls per year, all monthly training sessions, all fundraising activities and other mandatory activities as defined in the Department's SOP Section 1.0.

Cleaning our equipment and assisting in maintaining our portion of Station 13 as assigned and assisting with apparatus maintenance. Maintaining the readiness of equipment. Gear, PPE, and uniforms assigned to you by the department. Reimburse the department for the cost of any equipment damaged or destroyed due to negligence on your part,

Always conduct yourself in a manner which always reflects positively on the Department including your behavior on all forms of social media. As explained in SOP Professional Conduct 2022-002A

Maintaining your Personally Owned Vehicle and yourself for safe and reliable emergency response. Maintain insurance coverage on your Personally Owned Vehicle that meets or exceeds the minimum requirements of the State of Florida.

Immediately notify the Fire Chief and or Deputy Chief of Operations in writing of any defects in your assigned equipment that could jeopardize your safety or the safety of others. Notification shall be in the form of an electronic message or text message.

SIGNATURE PAGE

I have reviewed the Articles of Incorporation, Permanent Policies, Bylaws and Standard Operating Procedures. The rules have been explained to me. I am thoroughly familiar with them, and I will abide by them. I understand that violation of any of these rules or the SOPs can lead to dismissal. I understand that upon termination of my membership, I will be required to return all clothing and equipment issued to me by the department. I will also be required to turn in any clothing or equipment depicting the department logo purchased by the member.

Signed: _____

Date: _____

Witnessed: _____

Fire Chief or designee