



South Walton FIRE DISTRICT

911 N. CR 393
Santa Rosa Beach, Florida 32459
850-267-1298 Y Fax 850-267-3294



VOLUNTEER SERVICE APPLICATION

Position Applying For: Front Desk Date Available: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Social Security Number: _____ - _____ - _____

Driver License: State _____ # _____ Expiration Date _____

Last year of education completed _____ Degree held _____

Present Employer _____

Present Occupation _____

Prior Employer _____

Prior Occupation _____

Please indicate days and hours available to volunteer:

Hours:

Morning _____

Afternoon _____

Days:

Monday

Tuesday

Wednesday

Thursday

Friday

List area of special work skills or interest



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VOLUNTEER CRIMINAL BACKGROUND HISTORY CONSENT AND STATEMENT

VOLUNTEER STATEMENT

Full Legal Name: _____
Last First Middle

Sex: Male _____ Female _____

Date of Birth: ____/____/____
Month Day Year

Have you ever been convicted of a crime and/or are there any legal charges pending against you? Yes _____ No _____

If yes, please explain:

VOLUNTEER CONSENT

I hereby give my consent to conduct a criminal background history. I understand that this information will be used to determine my eligibility for volunteer service at South Walton Fire District. I waive and release South Walton Fire District and its agents from any and all claims I may otherwise have with respect to any such criminal background check.

Applicant's Signature

Date