BRADFORDVILLE VOLUNTEER FIRE & RESCUE DEPARTMENT

NEW MEMBER APPLICATION

Revised and Updated March 2026

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

1. Signature Page (Last page of this document)
2. Member Application
3. Hepatitis B Immunization Offer
4. Drivers License Photo ID Information.
5. Florida Driving Record History Application
6. VECHS Applicant Waiver Agreement and Statement for Criminal History Record Checks
7. Proof of Valid Insurance (health and automobile)
8. Copies of any relevant certifications (EMT-R, EMT-B, EMT-P, EVOC, Firefighter I or II)
9. Medical physical exam (most recent)
10. Privacy Act Statement
11. Non Criminal Justice Applicant's Privacy Rights

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

The Bradfordville Volunteer Fire & Rescue Department (BVFRD) is a non-profit cooperation (501(c)3) charged with serving the residents of north, unincorporated Leon County by responding to fire, rescue, medical, and other health and safety related emergencies. The area served is 110.55 square miles and has over 10,000 structures. BVFRD is dispatched to over 800 emergency requests for assistance per year.

BVFRD is one of six volunteer fire departments in Leon County. Administratively the volunteer fire departments (VFDs) are under the direction of Leon County Emergency Medical Services (LCEMS) and operationally under the Tallahassee Fire Department (TFD). The role of the VFDs is to provide support to TFD by reducing response times and providing manpower, equipment, and expertise.

VFDs can only fulfill their role if their members are well-trained, physically, mentally, and emotionally fit, dedicated, understand and meet their responsibilities, and work as a team.

BRADFORDVILLE VOLUNTEER FIRE & RESCUE DEPARTMENT
Post Office Box 15405, Tallahassee, FL 32317

Membership Application

Name: _____ SS#: _____ - _____
Date of Birth: _____ FL Driver's License #: _____
Home Address: _____
(If less than five years, give previous address: _____)
Home Phone: _____ Cell Phone: _____
E-Mail Address: _____

Current Employer: _____ Work Phone: _____
Address: _____
Position Held: _____
Date of Employment: _____
(If less than five years, give five years of employment history on back)

Emergency Contact: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

References (non-family members)
Name: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

Have you ever been convicted of a crime, including any traffic offenses (this includes speeding tickets & traffic infractions)? _____
If yes, please give details relating to the crime or offense you were convicted of.
(Note: a criminal conviction does not automatically disqualify your application from consideration)
_____
_____
_____

Firefighting Training/Experience: _____
_____

Medical Training/Experience: _____
_____

Organizational Skills/Experience: _____
_____

List volunteer/community experiences: _____

How did you learn about the Bradfordville Volunteer Fire & Rescue Dept? _____
_____

In what way do you wish to contribute? Member Fire/EMS Division ✓; Supportive Member _____;
Other _____

All statements above are true, and I have received the details regarding the application process and agree to the same.

Signature: _____ **Date:** _____

Please attach current/valid copies of the following:

- Driver's license
- Health insurance card
- Vehicle insurance card
- EMS/Fire-related certifications or licenses
- Physical

My signature below indicates that I certify the provided information and application documents are true and accurate.

Name (Print)

Signature_____

Date: _____

Return Application to: Chief James Pollock
PO Box 15405 Tallahassee, FL 32317
Chief@bradfordvillefire.org
850-284-5161

HEPATITIS B IMMUNIZATION OFFER

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

Through negotiations with the County, Leon County Emergency Medical Services is offering this immunization free to VFD members.

The first step in the process is decision making. The best way to make a decision is to first have all the facts. To assist our members in obtaining all the facts, BVFRD provides annual Bloodborne Pathogen Training. It is also recommend that all prospective members visit the Center for Disease Control (CDC) website on Hepatitis B at www.cdc.gov/ncidod/diseases/hepatitis/b.

Extensive information on both the disease and the vaccine can be found through links listed on that page.

It is highly recommended that all healthcare providers complete the Hepatitis B vaccine series. To receive the vaccine, the volunteer must submit their name to the Chief of the Department. In turn, the Chief will submit the name to Major Hall of LCEMS who will complete the Leon County Board of County Commissioners Medical services Form (LCBOCC MSAF). The form must then be taken to Patient's First so that the member can receive the vaccine.

If you have any questions about the immunization, you may contact Major Darryl Hall. Major Hall is the Training and IQM Manager for LCEMS and is our liaison.

Major Darryl Hall, EMT-P, RN, CS
Leon County Emergency Medical Services
1800-2 N. Blair Stone Rd.
Tallahassee, FL 32308
850-606-2100 office
850-879-0283 cell
850-395-0172 pager
E-mail hallda@leoncountyfl.gov

I have reviewed the information available to me about Hepatitis B.

_____ _____ _____
BVFRD Member's Signature Date

I have decided to accept this offer and receive the Hepatitis B Immunization.

_____ _____
BVFRD Member's Signature Date

I have decided to reject this offer and not receive the Hepatitis B Immunization (sign here if you are declining the offer for any reason to include that you have previously received the vaccine)

_____ _____ _____
BVFRD Member's Signature Date

VECHS APPLICANT WAIVER AGREEMENT AND STATEMENT

For Criminal History Record Checks

This form shall be completed and signed by every current or prospective employee, contractor/vendor, or volunteer.

I hereby authorize (enter Name of Qualified Entity): _____ to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me to determine eligibility for employment. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe the Florida information is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., Title 28, CFR, Section 16.30-34 and Rule 11C- 8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625-2000.

I do ☐ OR do not ☐ authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee ☐ Volunteer ☐ Contractor/Vendor ☐

Signature:_____ Date: _____

Printed Name:_____ DOB: _____

Address: _____

ORIGINAL- MUST BE RETAINED BY QUALIFIED ENTITY

A SAFER FLORIDA
HIGHWAY SAFETY AND MOTOR VEHICLES

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
2900 Apalachee Parkway, Room B239, Mail Stop 52
Neil Kirkman Building - Tallahassee, FL 32399

DRIVER LICENSE RECORDS REQUEST

FEES ARE REQUIRED AT TIME OF REQUEST AND ARE PAYABLE TO DIVISION OF MOTORIST SERVICES. PLEASE ALLOW A 2-WEEK PROCESSING TIME FROM THE DATE WE RECEIVE THIS REQUEST.

Requester's Information:

Name of Requester | Date of Request | Reference # (Case/File Name)

Mailing Address | To receive personal information, provide the appropriate exemption number(s) above from the list on the back of this form. ***If you request your own personal information see note below.** | Email Address

City | State | Zip | Fax Number

Under penalty of perjury, I affirm that I am entitled to receive this information and understand that I may not redisclose this information, except as provided in section 119.0712(2), Florida Statutes and the Driver's Privacy Protection Act of 1994, 18 U.S.C. ss. 2721 et seq.

Signature of Requester or Contact Person | **Telephone Number**

***Note:** If you are requesting your own personal information you must sign this request.*

Request for A Driver History Record/Transcript (Attach a separate sheet for additional requests)

First | Middle | Last | Date of Birth

Address on Record | City | State | Zip

☐ **3-year driver history $8.00**
☐ **7-year driver history $10.00**
☐ **Complete driver history $10.00**
Or
☐ Certified 3-year, 7-year or complete is just $10.00
(please circle 3-year, 7-year or complete)

Driver License or Identification Number

Other Types of Requests And Fees: ☐ *DL/ID Application* ☐ *Last known address* ☐ ***Other** (specify below)*

If you are requesting something other than a driver history record, there is a $2.00 search fee per request **and** a document fee of $0.50 each item/ document requested or a $1.00 for each **certified** document/item requested.

DRIVER'S PRIVACY PROTECTION ACT EXEMPTIONS

Pursuant to section 119.0712(2), F. S., personal information in motor vehicle and driver license records can be released for the following purposes, as outlined in 18 United States Code, section 2721.

Personal information referred to in subsection (a) shall be disclosed for use in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls, or advisories, performance monitoring of motor vehicles and dealers by motor vehicle manufacturers, and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of titles I and IV of the Anti Car Theft Act of 1992, the Automobile Information Disclosure Act (15 U.S.C. 1231 et seq.), the Clean Air Act (42 U.S.C. 7401 et seq.), and chapters 301, 305, and 321-331 of title 49, and, subject to subsection.

1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.

2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.

3. For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only -

   (a) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and

   (b) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.

4. For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.

5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.

6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.

7. For use in providing notice to the owners of towed or impounded vehicles.

8. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this subsection.

9. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under chapter 313 of title 49.

10. For use in connection with the operation of private toll transportation facilities.

11. For any other use in response to requests for individual motor vehicle records if the State has obtained the express consent of the person to whom such personal information pertains.

12. For bulk distribution for surveys, marketing or solicitations if the State has obtained the express consent of the person to whom such personal information pertains.

13. For use by any requester, if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains.

14. For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety.

If you have questions or need additional information, please contact the Department's Customer Service Center at (850) 617-2000.

Visit our website: www.flhsmv.gov

DEPARTMENT/VOLUNTEER RESPONSIBILITIES

As a member of our 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 will:

- Provide you with training in firefighting, first responder emergency medical service, emergency vehicle operation and other areas to ensure that you are equipped to handle your duties.
- Supply your protective gear for firefighting.
- Provide you with EMS supplies and appropriate protection (e.g., gloves, safety glasses, etc.).
- Provide you with a two-way radio so you can communicate with other members during an incident.
- Provide you with the fellowship and friendship of the other members who, like you, believe in serving our community.

THE MEMBER'S RESPONSIBILITIES TO THE DEPARTMENT

You will be responsible for:

- Completing the required basic training courses during your first year with the Department.
- Completing the Emergency Medical Responder medical training course.
- During your probationary period (first 6 months), participating in fire/rescue calls, all monthly training sessions, fundraising activities and other mandatory activities as defined in the Department's SOPs.
- As an active member, participating in fire/rescue calls, monthly training sessions, fundraising activities and other mandatory activities as defined in the Department's SOPs.
- Cleaning our equipment and our portion of Station 15 as assigned and assisting with apparatus maintenance as assigned.
- Conducting yourself in a manner which reflects positively on the Department.
- Maintaining your personal vehicle and yourself for safe and reliable emergency response.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

Esta declaración de la ley de privacidad se encuentra al dorso del FD-258 tarjeta de huellas digitales.

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencies de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.[1] These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- **You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.[2]**
- **You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.**
- **You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.**
- **If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.**
- **If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)**
- **You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]**

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[1] Written notification includes electronic notification, but excludes oral notification.

[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.[1] Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- **Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.[2]**
- **Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.**
- **Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).**
- **Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.**
- **Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en https://www.fbi.gov/services/cjis/identity-history-summary-checks y https://www.edo.cjis.gov.**
- **Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de .https://www.edo.cjis.gov. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)**
- **Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.[3]**

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1 La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

3 Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).