



FLOVILLA FIRE DEPARTMENT
308 HEARD STREET
FLOVILLA, GEORGIA, 30216

The Flovilla Fire Dept appreciates you getting a copy of our volunteer firefighter application. As a volunteer fire department we are always looking for volunteers. Please provide copies of your GA Driver's License, High School Diploma or GED, and Birth Certificate. Please complete this application and return it to Glenn Williams, Chief of the department

The Flovilla Fire Department was organized in 1968 by the city of Flovilla to provide fire protection to the citizens of Flovilla and the Indian Springs community. The city purchased a used 1941 Peter Pirsch engine with a 500 gpm pump to start the department. The 1st Fire Station was located at Jones Garage on Hwy 87.

Since 1968 the City of Flovilla Fire Department has expanded its response capabilities. We now provide Basic Life Support Medical response on our entire first out apparatus. We also have the following rescue capabilities in addition to structural fire fighting, High Angle Rope Rescue, and Crash Victim Extrication.

We provide these services to citizens living in the City of Flovilla as well as the south section of unincorporated Butts County. We also respond to the surrounding counties through Mutual Aid agreements. We also provide smoke detectors to the general public and provide fire safety education when requested.

Our state of the art fire station was built in 1996 and houses all of our apparatus. It is located here at 308 Heard Street. Our equipment includes the following: 1957 Mack "B" Model, Tanker 23, 1988 GA Forestry Commission "Fire Knocker", Tanker 22, 1994 Pierce, Engine 21, and 2003 E-One, Squad 25.

Several of our Volunteers that have started volunteering with our department have decided that is what they wanted to pursue as a career. Some of our volunteers have or are working for the City of Jackson Fire Dept, Butts County Fire Dept, Henry County Fire Dept, and DeKalb County Fire Dept. We feel we are a minor league baseball team preparing firefighters for the big leagues!

Thanks for picking up this application. Please complete it and return it to Glenn Williams, Chief of the Flovilla Fire Dept so we can help you help our friends and neighbors in their time of need..

City of Flovilla
Volunteer Fire Department
308 Heard St.
Flovilla, Georgia 30216
770-775-7444
Fax 770-775-1909

Volunteer Fire Fighter Application

DATE ____/____/____

NAME _____

D.O.B. ____/____/____

ADDRESS _____

SOCIAL SECURITY NUMBER

_____/____/____

PHONE NUMBER (____) _____

1. GEORGIA DRIVER'S LICENSE # ____/____/____ CLASS _____

2. ARE YOU A GEORGIA CERTIFIED FIRE FIGHTER? _____

3. ARE YOU A GEORGIA CERTIFIED E.M.T.? _____ STATE # _____

4. ARE YOU A GEORGIA CERTIFIED PARAMEDIC _____ STATE # _____

5. HOURS YOU WOULD NOT BE ABLE TO RESPOND TO INCIDENTS: _____

6. ARE YOU CURRENTLY UNDER A DOCTOR'S CARE FOR ANY OF THE FOLLOWING MEDICAL CONDITIONS WHICH COULD AFFECT YOUR ABILITY TO PERFORM THE DUTIES OF A FIRE FIGHTER?

____ HEART CONDITION

____ BACK INJURY OR CHRONIC AILMENT

____ HYPERTENSION

____ ASTHMA

____ OTHER (PLEASE SPECIFY)

7. LIST ANY MEDICATIONS, MATERIALS, INSECTS, ETC. TO WHICH YOU MAY BE ALLERGIC:

8. HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____ IF SO, PLEASE EXPLAIN:

9. WHOM SHOULD WE CONTACT IN CASE OF EMERGENCY?

NAME: _____

PHONE # (____) ____ - _____

10. I, _____, DO AVOW THAT ALL INFORMATION GIVEN IS TRUE. IN ADDITION, I AUTHORIZE THE FLOVILLA FIRE DEPARTMENT TO ACCESS ANY CRIMINAL HISTORY INFORMATION PERTAINING TO ME CONTAINED IN ANY LOCAL, STATE, OR FEDERAL CRIMINAL HISTORY FILES. I FURTHER AUTHORIZE THE DEPARTMENT TO ACCESS MY MOTOR VEHICLE RECORDS TO REVIEW MY DRIVING HISTORY. I UNDERSTAND THAT THIS AUTHORIZATION ALLOWS THE REVIEW OF CRIMINAL AND DRIVING RECORDS AT ANY TIME DURING MY ASSOCIATION WITH THE DEPARTMENT. I ALSO AGREE TO MEET ALL REQUIREMENTS AND FOLLOW ALL STANDARD OPERATING PROCEDURES OF THE FLOVILLA FIRE DEPARTMENT.

SIGNED _____ DATE ____ / ____ / ____

WITNESS _____ DATE ____ / ____ / ____

11. LIST THE NAMES, ADDRESSEES AND TELEPHONE NUMBERS OF THREE PEOPLE WHO ARE NOT RELATED TO YOU, AND HAVE KNOWN YOU FOR AT LEAST THREE YEARS.

11A.

PHONE (____) ____ - _____

11B.

PHONE (____) ____ - _____

11C.

PHONE (____) ____ - _____

12. CURRENT EMPLOYER _____

12A. MAY WE CONTACT YOUR CURRENT EMPLOYER?
12B. IF YES, SUPERVISOR'S NAME AND POSITION

YES / NO

PHONE (____) ____ - _____

13. ATTACH ANY ADDITIONAL TRAINING, EXPERIENCE AND/OR PERSONAL RECORDS YOU FEEL NECESSARY.

14. PLEASE ATTACH COPY OF GEORGIA DRIVERS LICENSE, HIGH SCHOOL DIPOLMA or GED, and BIRTH CERTIFICATE.