



# Cocoa Beach Fire Department/ Community Paramedic Program VOLUNTEER APPLICATION



## Personal Information

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How long have you lived at your current address?** \_\_\_\_\_

**Sex:** Male  Female

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
For Background Purposes (Opt. PD can contact via phone)

**Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Have you ever been arrested for, charged, or convicted of any felony and/or misdemeanor?**  
Yes  No

**What day(s) would you be able to volunteer with us?**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**What time frame(s) are you available?** \_\_\_\_\_

### In case of an emergency:

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

**Why do you want to volunteer?**

For questions please call Cbfd 321-868-3330 or The Community Paramedic program 321-868-3225

# HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_, HEREINAFTER referred to as "Permittee," hereby agree and promise, to the extent permitted by Florida law, to indemnify and hold harmless, the City of Cocoa Beach, its officers, agents, servants, or employees from and against any and all liability, claims, damages, expenses, fees, fines, penalties, suits, proceedings, actions, and costs of actions; including: attorney's fees of any kind and nature, arising or growing out of, or in any way connected with any act or omission of the City premises or equipment, or resulting from injury to person or property, or loss of life or property of any kind or nature whatsoever sustained during the use, occupancy, maintenance or control of City premises or equipment of Permittee while or during any time period when the City of Cocoa Beach is allowing Permittee to ride in a Cocoa Beach or permittee vehicle or apparatus in the capacity of a volunteer, which is the consideration for the promises and covenants herein and agreed to by the Permittee.

If participating as a volunteer I affirm I am at least of the age of 18 and have been advised of the components of HIPAA confidentiality. Any and all personal health or other information obtained during volunteer time with Cocoa Beach Fire Department shall be considered guarded, protected and private information of the patient that I shall not under any form of communication distribute outward from my person.

**I CERTIFY** that the information contained in this application is correct and complete to the best of my knowledge. An offer of acceptance as a volunteer with the Cocoa Beach Fire Department or The Community Paramedic Program is contingent upon the satisfactory completion of all pre-acceptance procedures, which includes the following: application screening, initial interview, and background investigation.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**I ACKNOWLEDGE** that I have read and understand the above statement and the conditions for acceptance as a volunteer with the Cocoa Beach Fire Department.

\_\_\_\_\_  
Printed Name of Volunteer Applicant

\_\_\_\_\_  
Signature of Volunteer Applicant

Date of signature: \_\_\_\_\_

## NOTARY:

Before me personally appeared: \_\_\_\_\_, who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

- Personally Known  
 Produced Identification  
Type of Identification:

My Commission Expires: