

# Trailer Estates Fire Control District

An ISO Class 3 Department



## Member Application Package

P. O. Box 5182 Bradenton, FL 34281

Phone: (941) 758-6453

Fax: (941) 739-2023

Email: [tefcdrequest@tefiredept.com](mailto:tefcdrequest@tefiredept.com)

Firehouse Location: 6831 American Way Bradenton, Florida 34207

# If Not Me...WHO?

Thank you for your interest in becoming a member of the Trailer Estates Fire Control District.

Firefighting is an international brotherhood of people both paid and volunteer who have dedicated their lives to helping to prevent loss of life and protection of property sometimes at great risk to themselves. Firefighters around the world place themselves in harm's way rushing to aid total strangers every single day.

Our Department is made up of a group of very dedicated volunteers that respond to a variety of calls for service in the Trailer Estates community in southern Manatee County. We could be called to assist our surrounding Departments as requested and we could call upon them via our mutual aid agreements. This is explained to you so that you will understand why we screen our volunteers so thoroughly.

**Being part of a volunteer fire department is inconvenient. It requires you to give up some of your personal and family time to serve the district. Currently we require 48 hours of monthly service in addition to the calls we receive as an emergency service. I urge you to talk to your family, friends, employer about the realities of volunteering with an active fire department because if accepted, you will be needed...And when you are not here, you will be missed but we do understand the following**

- When you are at work we know you can't just leave when a call comes in. We do not expect you to leave your job to respond to calls
- Some types of calls may seem to not be emergencies **BUT** someone did call and needs our help, so we will need you to show up
- When you have family commitments **KEEP THEM** but sometimes you will miss them because of a call
- We require 48 hours of service per month in addition to the calls we receive as an emergency service, mandatory member meetings once a month and weekly department training
- We will hold you accountable for the commitment you make to us

Again, thank you for your interest

Timothy E. Hillman, Chief of Department

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

- 1- Signature page (last page of the package)
- 2- Member application
- 3- Recent Fire Fighter Physical (needs to be valid for at least six months)
- 4- Photo Identification (drivers license or other state issued ID)
- 6- Social Security Card
- 7- Any certifications you have earned (including CPR, ACLS, PALS, etc.)

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

Please contact the department if you have any questions.

Phone Numbers:   Office: 941-758-6453  
                          Fax: 941-739-2023

Email:   tefcdrequest@tefiredept.com

**Trailer Estates Fire Control District  
Member Application**

Please print or type in black ink  
Do not leave any sections blank

Remember to attach any copies of documents, do not submit originals

Date: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social security number: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Carrier \_\_\_\_\_

Cell base program (IOS, android, windows, etc) \_\_\_\_\_

FL driver's lic. Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_ Contact person \_\_\_\_\_

May we contact your employer with the understanding that we will be informing them of your desire to volunteer with us? YES NO

Highest level of Education: (circle those that you possess) High School GED  
College/University Graduate school Vocational

If you have had any previous firefighting or medical experience, please list the organization name(s), dates of service, contact information including phone number. (Attach a separate sheet if you need to)

Do you have any pre-existing medical conditions that would prevent you from performing strenuous physical activity? YES NO If yes, please list them below

Please list any special talents or skills (electrical/carpentry, mechanical skills, etc) you may be able to offer to the department

Please submit five references. Please include professional relationships and no more than TWO (2) family members

1-name \_\_\_\_\_ Phone number \_\_\_\_\_

2-name \_\_\_\_\_ Phone number \_\_\_\_\_

3-name \_\_\_\_\_ Phone number \_\_\_\_\_

4-name \_\_\_\_\_ Phone number \_\_\_\_\_

5-name \_\_\_\_\_ Phone number \_\_\_\_\_

Please attach to this application all copies of any fire service, medical or professional certifications you might have.

**My signature below indicates that I certify that the above information and all submitted application documents to be true and accurate under penalty of perjury. That I have received and understood all attached documents of policy, safety, & responsibility pertaining to being a member with TEFCD if accepted.**

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

# TEFCD Emergency Contact Information

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

(If you have more than one emergency contact person, add their names, numbers to the back of this document)

Your Medical Conditions:

Any allergies you have:

# **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 responsibility to the member**

- Provide sound leadership and guidance while always treating you with dignity and respect
- Provide you with training in firefighting, first responder, emergency medical care, vehicle operation and other areas to insure that you are equipped to handle your duties
- Supply your personal protective equipment (PPE) for firefighting
- Provide you with EMS supplies and appropriate protection (e.g., gloves, safety glasses, etc)
- Provide you with training in the use of a two way radio and the procedures to communicate with our dispatch center and other responders/agencies during an incident
- Arrange/configure your mobile phone to receive emergency calls, notifications and department related information
- Training in map reading so that you may locate incidents in a timely fashion

## **The department will NOT**

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

The Department expects you to report unsafe conditions/practices to the Dept Safety Officer as soon as possible.

## **The Member's Responsibility to the Department**

- Understanding that being part of a volunteer fire department requires a commitment by you to the department of serving 48 hours of service per month.
- Attend all trainings and meetings and be aware of available training and take advantage of training opportunities through other mediums such as on line classes, with other departments and through MTC which may be at your own expense because education benefits you before it benefits the department
- Completion of the basic training courses during your probationary period
- Maintain certification(s) for First Responder/Emergency Medical Technician/Paramedic/Firefighter
- Cleaning the firehouse and keeping clean all department equipment in working condition
- Conduct yourself at all times in a manner that reflects positively on the department at all times
- Maintain insurance coverage on your personally owned vehicle (POV) that meets the minimum requirements of the state of Florida
- Maintain your driver's license and advise the department of any tickets/violations/accidents/changes/revocations/restrictions immediately
- Immediately notify the Fire Chief or Department Officer of any defect in your assigned equipment or any department equipment that could jeopardize your safety or the safety of others
- Understand that the Trailer Estates Fire Control District provides an emergency service which requires its members to serve 48 hours of service per month sometimes when it not convenient. We have overnight facilities and you may exercise many variations of that 48 hours as your availability allows.
- Understand when District funds are issued under your name, you will have ninety (90) days to cash/deposit the check. If you do not, the check will be cancelled and the funds placed into the firefighters fund and will not be recoverable under any circumstances.
- Understand that the department receives additional funding via a civilian auxiliary who needs the help of the fire department members. Your help results in the department being able to provide the membership with some of the needs which the regular department budget does not allow for us. You will need to commit to one Thursday or Saturday morning each month to assist the auxiliary.



# **Trailer Estate Fire Control District**

## **General Safety Rules**

- Whenever you are involved in an accident that results in personal injury or damage to property, no matter how minor, the accident shall be reported immediately to the Department Safety Officer or any Department Officer. First aid treatment must be sought promptly
- Report immediately any condition you believe has the potential to cause injury to personnel or equipment
- Do not operate any equipment, which in your opinion is not safe
- Do not operate any equipment for which you have NOT been trained
- All prescribed safety and personal protective equipment (PPE) shall be used when appropriate. This includes eye and hearing protection. All PPE shall be maintained in safe working condition
- Obey all department rules, governmental regulations, signs markings and instructions. Be particularly familiar with those that apply directly to you
- When involved in any lifting procedure, use the approved lifting technique, i.e. bend your knees, and grasp the load firmly and as close to your body as possible, then raise the load, keeping your back as straight as possible. Obtain help from another member when lifting heavy loads
- Do not engage in horseplay. Do not distract others from performing their tasks
- Always use the right tool for the right job. Use only the tools with you are thoroughly familiar and have been trained to use
- Good housekeeping should always be practiced. Return all tools and equipment, materials, etc., to their proper places/location after cleaning

## **Trailer Estates Fire Control District**

### **General Rules for Probationary Members**

Upon acceptance to the Department candidates are placed on probation for one (1) year. During this time evaluation of candidate's performance is conducted. At any time during this probationary period candidates that are not meeting required standards can be terminated. Candidates are required to work with other Department members in regards to familiarizing themselves with Department procedures, operations, radio communication, equipment, & apparatus. All candidates and members are required to meet all online and practical training requirements set forth by the department.

#### **Extenuating Circumstances**

The fire department family is one of the largest in the world. This department believes that **family comes first**. However at certain times due to the nature of the type of assistance we provide, sacrifices have to be made to our personal family have to be made.

**If you cannot participate in an activity or as an active responder which includes the 48 hours of service per month, please give as much advance notice as you can to a Department Officer.**