



**THANK YOU FOR YOUR INTEREST IN BECOMING A RESERVIST MEMBER
OF THE UNITED STATES FIRE DEPARTMENT RESERVE CORPS**

RESERVIST CANDIDATE APPLICATION

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THE UNITED STATES FIRE DEPARTMENT RESERVE CORPS RESERVIST CANDIDATE APPLICATION

APPLICANT INFORMATION

Last Name, First, Middle Initial:		Title:	Rank:	Officer Appointment: (Official Use) Is the USFDRC F: 07-01/DCP1 Officer Application 2018/10/03, attached to this application? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Date of Birth:	Social Security:	ID No.: (Last Four Number of the SS)		Blood Type:	Check One <input checked="" type="checkbox"/> (Official Use) <input type="checkbox"/> National Command <input type="checkbox"/> Florida State Command
Current address:			Cell Phone:	Home Phone:	
Personal E-Mail:	Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female		Height:	Weight:	

RECRUITER

(Member most responsible for your joining)

Last Name, First, Middle Initial:	ID No.:	Phone:	E-Mail:
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COMMAND BRANCHES

(Please select the command branch you are interested in joining, check one)

- | | |
|---|---|
| <input type="checkbox"/> Anthropological Disaster Services Command | <input type="checkbox"/> Chaplain Corps Command |
| <input type="checkbox"/> Command and General Staff School | <input type="checkbox"/> Mental Health Services Command |
| <input type="checkbox"/> Emergency Animal Response Services Command | <input type="checkbox"/> Emergency Disaster Relief Funds Services Command |
| <input type="checkbox"/> Emergency Medical Services Command | <input type="checkbox"/> Fire and Rescue Services Command |

SPONSORSHIP EDUCATIONAL / COMMUNITY PROGRAMS COMMAND

(Please select the command branch you are interested in joining, by checking)

- | | |
|---|--|
| American Red Cross (ARC): <input type="checkbox"/> Instructor | Citizen Corps Programs Command: <input type="checkbox"/> Community Emergency Response Teams (CERT) |
| American Heart Association (AHS): <input type="checkbox"/> Instructor | <input type="checkbox"/> Medical Reserve Corps (MRC) |
| | <input type="checkbox"/> Fire Corps (FC) |

SPONSOR ORGANIZATION

Organization Name:	Contact Person:	Telephone:
Address:	E-Mail:	

EMPLOYMENT INFORMATION

Employed By:	Position Held:	
Employer Address:	How long?	
Work Phone:	E-Mail:	Fax:
May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this your sponsor organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACT – NEXT OF KIN

Last Name, First, Middle Initial:	Relationship:	Home Phone:	Cell Phone:
Last Name, First, Middle Initial:	Relationship:	Home Phone:	Cell Phone:

BACKGROUND INFORMATION

Are you a Citizen or Permanent Resident of the USA? YES* NO

Valid proof of identity provided to the company commander, (Check item(s) presented: US Passport Social Security Card Permanent Resident Card (I-551 or I-551) Driver License or State Issued ID Other I-9 approved documentation: _____

Signature of reviewing commander or representative: _____ Print: _____ Date: _____

*The US FDRC conduct background check yearly, as per command branch requirements, which can be submitted through a third-party provider.

REFERENCES

Last Name, First, Middle Initial:	Address:	Phone:

U.S. MILITARY SERVICES

Branch of Services:	Grade:	Date From / To:	Discharge Type:

VOLUNTARY STATISTICAL INFORMATION

Voluntary Statistical Information (For Demographic Research Only -- Not Required for Membership) Check One

Identification:

White Afro-American Hispanic Asian Pacific Islander American Indian Alaskan Native

**EDUCATION – PLEASE ATTACH COPIES
(DIPLOMAS / DEGREES)**

NOTE: Attach copies of all support documents. Foreign degrees must be accompanied by transcript evaluations performed by accredited American colleges or universities, or NACES approved credential evaluation services.

High School:	Address:	Phone:	Degrees / Awarded:	Date:
College / University:	Address:	Phone:	Degrees / Awarded:	Date:
College / University:	Address:	Phone:	Degrees / Awarded:	Date:

**EDUCATION – PLEASE ATTACH COPIES
(CERTIFICATIONS)**

Institution Name:	Address:	Phone:	Certificate:	Date:
Institution Name:	Address:	Phone:	Certificate:	Date:
Institution Name:	Address:	Phone:	Certificate:	Date:
Institution Name:	Address:	Phone:	Certificate:	Date:

Are other certificates not listed above included copies with this application? YES / NO

LANGUAGE SKILLS
(DESCRIBE IF YOU ARE NOVICE (N), INTERMEDIATE (I), OR ADVANCED (A))

Language	Read	Write	Speak

HEALTH STATUS

The US FDRC does not deny membership due to any health issues, so please answer completely and honestly. Members participate in vigorous, age-appropriate physical fitness activities. Some of the most common activities are listed below. Please tell us if you are able to participate in each activity. For each activity please use the following legend to complete the form.

- A. **No health issues:** I can participate fully.
- B. **Some health issues:** I can participate with some modifications.
- C. **Chronic conditions:** I cannot safely participate in this sort of activity.

A	B	C	ACTIVITIES	A	B	C	ACTIVITIES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calisthenics: push-ups, sit-ups, toe-touches, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hiking through the woods.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flying in a small aircraft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obstacle courses requiring balance and flexibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball, flag football, and low impact sports.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participating in the above activities for a full day, with periodic rest breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Running.

If you answered B or C to one or more of the above, please explain below, why you are unable to participate fully.

Please, tell us about the health condition.

Are you doing something to manage this condition? (Medication, asthma inhaler, insulin, insulin injections, crutches, braces, etc.?).
If yes, please explain.

AFFIDAVIT OF GOOD MORAL CHARACTER

Please complete the USFDRC F: 06 -01/DCP 1 Affidavit of Good Moral Character (AGMC) 2015/04/29 and attached to this application.

Is the USFDRC F: 06 -01/DCP 1 Affidavit of Good Moral Character (AGMC) 2015/04/29 attached to this application? YES NO

PASSPORT PHOTO FOR ID

You must provide two (2) photos with your application: Authorized Location: Walgreen and CVS Pharmacies.

1. Requirements for a Good Passport Photo:
 - a. Printed on matte or glossy photo quality paper
 - b. Size of photo
 - c. 2 x 2 inches (51 x 51 mm) in size
 - d. Size of the head must be between 1 -1 3/8 inches (25 - 35 mm) from the bottom of the chin to the top of the head.
 - e. View the Photo Composition Template for more size requirement details.
 - f. Recent, taken in the last 6 months to reflect your current appearance
 - g. Eyeglasses may be worn, but there must not be any glare.
 - h. Background must be plain white or off-white
 - i. Head must be directly facing the camera with your full face in view
 - j. Taken with a neutral facial expression or a natural smile, with both eyes open
 - k. In color
 - l. Taken in clothing that you normally wear on a daily basis
 - m. No hats or head coverings, unless you wear it daily for religious purposes.
 - n. Your full face must be visible, and your head covering cannot cast shadows on your face.
 - o. No headphones or wireless hands-free devices.

UNIFORME UTILITY CAP

USFDRC Model U/2018-1 Reservist Utility Cap

Check One S M L XL

UNIFORME UTILITY T-SHIRT SIDE

Size:	XS	S	M	L	XL	XXL	XXXL
Your size? <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESERVIST OATH

(READ CAREFULLY BEFORE SIGNING)

I Do Solemnly Swear (or Affirm) That:

I, (NAME), do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the National Commander of the United States Fire Department Reserve Corps and the State Commander (Commonwealth, District, Territory) of (NAME) and the orders of the officers appointed over me, according to law and regulations. So, help me God.

SIGNATURES

(READ CAREFULLY BEFORE SIGNING)

By applying for membership in The United States Fire Department Reserve Corps, (USFDRC), I hereby execute the Reservist Member Oath and understand and agree as follows:

- a) I understand by becoming a Reservist Member in The United States Fire Department Reserve Corps, (USFDRC) is a privilege, not a right, and that membership is on a year-to-year basis subject to recurring renewal by the USFDRC. I further understand that failure to meet membership eligibility criteria will result in automatic termination at any time.
- b) I voluntarily subscribe to the objectives and purposes and agree to be guided by Core Values, Ethics Policies, Constitution & Bylaws, Regulations and all applicable federal, state, and local laws.
- c) To permit the USFDRC to use my Social Security Number in my membership records as an identification number and to obtain background information from any person, corporation, or government agency (local, state, or federal) to be used to determine membership eligibility; (b) that if my membership eligibility is questioned, I will be notified and provided the reasons; (c) that prior to a final decision on my eligibility, I will have an opportunity to submit documentary evidence on my behalf; and (d) that membership is a privilege and not a right and the USFDRC decision on my membership eligibility is final.
- d) I will at all times follow safe practices and take an active role in safety for myself and others.
- e) I certify that all information on this application is presently correct and any false statement may be caused to deny membership. I understand I am obligated to notify the USFDRC if there are any changes pertaining to the information herein and further, understand that failure to report such changes may be grounds for membership termination.
- f) I fully understand that this reservist Oath is an integral part of this application for membership in the USFDRC and that my signature on the form constitutes evidence of that understanding and agreement to comply with all contents of this Reservist Oath.

Full Name:	Signature of applicant:	Date:
		

WITNESS

I confirm that I was present as a witness for the applicant signature. I confirm that the applicant named above read over the application and gave consent to the above.

Name, Title/Rank of the US FDRC officer witness:	Signature of applicant:	Date:
		

RESERVIST MEMBERSHIP ANNUAL DUES

Checks or money order should be made payable to: USFDRC

<input checked="" type="checkbox"/> New Reservist Member Annual Fee: Check One <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Renewal Reservist Member Annual Fee: Check One <input checked="" type="checkbox"/>
<input type="checkbox"/> New Reservist Member Fee \$50.00 (Include a Welcome Uniform Package) *	<input type="checkbox"/> Renewal Reservist Member Fee \$40.00
<input type="checkbox"/> New Reservist Officer Fee \$60.00 (Include a Welcome Uniform Package) *	<input type="checkbox"/> Renewal Reservist Officer Fee \$50.00

*Welcome uniform package included: One Official USFDRC Model U/2018-1 Reservist Utility Cap and One Utility Navy Blue T-Shirt Model U/2018-04

RESERVIST MEMBERSHIP VARIATION CLASSES ANNUAL DUES

<input type="checkbox"/> Variation Class 1: 9/11 First Responders and their Family \$35.00
<input type="checkbox"/> Variation Class 2: A Member with Disability \$35.00
<input type="checkbox"/> Variation Class 3: University or College Student \$35.00

MAIL APPLICATION WITH RESUME OR CURRICULUM VITAE AND COPIES OF ALL EDUCATIONAL DOCUMENTS AND MEMBERSHIP FEE TO

**MAIL COMPLETED APPLICATION PACKAGE TO:
USFDRC - ADM: CANDIDATES SERVICES
4700 Millenia Blvd., Suite 175
Orlando, Florida 32839**



THE UNITED STATES FIRE DEPARTMENT RESERVE CORPS

VOLUNTEER AGREEMENT TO RELEASE, WAIVE AND DISCHARGE LIABILITY FOR THE BENEFIT OF THE UNITED STATES FIRE DEPARTMENT RESERVE CORPS, INC., INCLUDING ALL BOARDS, COMMITTEE PERSONNEL, AND ALL AFFILIATED SPONSORS

This Release and Waiver of Liability (the "Release") executed today by self (the "Volunteer") in favor of The United States Fire Department Reserve Corps, Inc., (USFDRC) hereby releases the US FDRC, their directors, officers, employees, and agents (collectively, "USFDRC"); including all Committee personnel and all affiliated Sponsors (the participating entities), and all others, jointly, severally, and individually.

The Volunteer desires to work as a volunteer for the USFDRC and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include but not limited to education, training, emergency and disaster services, working in the USFDRC offices, working in other places, participating in special events and fundraisers.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

- 1. Release and Waiver:** All volunteer services are done for no compensation or remuneration of any kind or in any amount. I will not volunteer unless I have decided for myself that I am physically capable and mentally competent to safely and effectively engage in any activity. I hereby agree to assume the risk of and be totally responsible for my own personal safety, conduct, and well-being. From time to time, my activities may be preceded by training and/or accompanied by supervision provided by the USFDRC or other participating entities. Notwithstanding such training and/or supervision, I agree that I will continue to be totally responsible for my own personal safety, conduct, and well-being. The volunteer does hereby release and forever discharge and hold harmless the USFDRC or other participating entities and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with the USFDRC. Volunteer understands that this Release discharges the USFDRC from any liability or claim that the Volunteer may have against the USFDRC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with the USFDRC, whether causes by the negligence of the USFDRC or its officers, directors, employees, or agents or otherwise. Volunteer also understands that the USFDRC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness. However, this release, waiver, and discharge shall not apply to liability for damages, losses, injuries, illnesses, expenses, property damage or death caused by the intentional misconduct of the USFDRC or other participating entities and their respective officers, directors, employees, and volunteers.
- 2. Medical Treatment:** Volunteer does hereby release and forever discharge the USFDRC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with the USFDRC.
- 3. The assumption of the Risk:** The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer, including, but not limited to, transportation to and from any operational sites. involving inherently dangerous activities. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities and releases the USFDRC from all liability for injury, illness, death, or property damage resulting from the Activities.
- 4. Insurance:** The Volunteer understands that, except as otherwise agreed to by the USFDRC in writing, the USFDRC does not carry or maintain health, medical, or disability insurance for any Volunteer. Volunteer Accident Insurance is provided and is a medical insurance policy which covers accidents involving volunteers on the work site or in other supervised events. Volunteer Accident Insurance pays after the Volunteer's insurance pays. If the Volunteer has no insurance, the policy pays up to the limits of coverage. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
- 5. Photographic Release:** Volunteer does hereby grant and convey unto the USFDRC all rights, title, and interest in any and all photographic images and video or audio recordings made by the USFDRC during the Volunteer's Activities with the USFDRC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 6. Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, by summing this application, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.