SUCCESS

SATELLITE BEACH FIRE DEPARTMENT

Because we know how important it is for you to succeed in the fire service, we have an offer for you that will bring you to the next level of success.

Tuition Reimbursement

Once you meet or exceed our expectations for 6 months, 50% of your Fire Academy tuition is reimbursed; after 12 months 100% is

Continuity of Training

Our crew of dedicated career firefighters average 18 years of fire service.
Come learn from the best.

Experience

Gain the real-life experience you need to make your application stand out in the competitive fire service field.

Reserve Firefighters Choose SBFD!

We are an ISO Class II station with a strong affiliation to the Fire Academy at EFSC; small enough to provide personal instruction, busy enough to offer practical experience.
Give us a chance to help you succeed as a career firefighter.

240 JACKSON AVENUE SATELLITE BEACH, FL 32937 (321) 773-4405 x301

Satellite Beach Fire Department

Jeff Dangler
Fire Chief

Rhiannon Iverson
Deputy Chief of Operations

Kevin Duclos
Deputy Chief of EMS

2025

DO YOU HAVE WHAT IT TAKES?

Eastern Florida State College Fire Academy students with Fire I or II/EMT, or Fire I or II/RPM, or with Fire I and currently taking EMT courses are invited to apply to Reserve at the Satellite Beach Fire Department. Reserve firefighters have a monthly ride requirement of 48 hours per month on an assigned shift.

Reserve firefighters work a "phased" approach to complete the Reserve Solo Process by which members advance through training and education topics such as medical response and treatment, workplace safety, fireground operations, firefighter safety, personal protection, water supply, forcible entry, driving and pumping, and several fire software programs.

Once you are certified FIRE II, and after 6 months of satisfactory progress, SBFD will reimburse 50% of your EFSC Fire Academy tuition. At the end of 12 months of satisfactory performance, SBFD will reimburse the remaining 50%.

BE SOMEONE'S HERO

The Satellite Beach Fire Department was founded in 1960 to serve the residents of the City of Satellite Beach. It is a combination Department, with eighteen full-time career firefighter personnel. In the United States approximately 9% of career firefighters are female. At SBFD 11% of our crew is female, including Deputy Chief of EMS Rhiannon Iverson whom many of you know as an EFSC Fire Academy instructor. EFSC Fire Academy Chief Manning is an SBFD Fire Captain as well. Last year we ran 2,810 calls in the three-square mile area we are proud to call Home. We are an ISO Class II Department. We pride ourselves on customer service beyond all expectations. Half of our firefighters have more than 16 years of service with the Department.

To apply to Reserve at the Satellite Beach Fire Department, complete the attached application in its entirety with all of the requested documentation, or contact Julie Pollinger, Administrative Assistant at japollinger@satellitebeach.gov to request an application via email. Deputy Chief of EMS, Rhiannon Iverson can be reached at 321-773-4405 ext. 309 with questions you may have regarding the Reserve program.

Satellite Beach Fire Department

(321) 773-4405

APPLICATION for RESERVE FIREFIGHTER

In compliance with Chapter 295, Florida Statute, The City of Satellite Beach is committed to providing preference to U.S. veterans and spouses of veterans in hiring, promotion, and retention for all qualified positions as prescribed by the chapter. The City of Satellite Beach is an equal opportunity employer. We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, genetic information, marital or veteran status, or any other category protected by federal, state or local law.

Name _____ Email Address _____

Street Address _____

City _____ State _____ Zip Code _____

Best Phone # _____ Phone Service Provider (AT&T, Verizon, etc) _____

If you are related to any person employed by the City of Satellite Beach, please provide their name and department.

_____

Have you volunteered at another Fire Department? ☐ YES ☐ NO

If YES, please provide the name of the Department and dates you volunteered.

_____

Have you ever been employed by the City of Satellite Beach? ☐ YES ☐ NO

If YES, please provide the name of the department and dates you were employed.

_____

Are you currently employed? ☐ YES ☐ NO

If YES, please provide the name of your employer.

_____

If YES, may we check with your current employer? ☐ YES ☐ NO

Date you could begin volunteering: _____

Work History: (List your last 3 employers. Include their address, your title, the reason for leaving, and dates of employment.)

_____

_____

_____

_____

_____

_____

(Continued on Next Page)

Have you served in the military? ☐ YES ☐ NO

If YES, please provide the branch of service and your rank at discharge.

_____

_____ _____

Marital Status Number of Dependents

In Case of Emergency Contact:

_____ _____

Relationship Phone Number

Education: (List the name of the school, city & state, graduation date mm/yy, and degree or certification achieved)

_____

_____

_____

Personal References: (List the name & contact number for 3 persons, excluding relatives, whom you have known for at least 1 year)

_____

_____

_____

I certify that any and all statements which I have set forth in this application are true and correct. I also recognize and accept the fact that any misstatement I have made herein is cause for dismissal/discharge.
Further, I authorize the City to investigate all statements contained in this application.

_____ _____

Signature **Date**

DO NOT WRITE BELOW THIS LINE

Additional Employment Information to be entered by Fire Administration only

_____

Start Date

_____ _____

Fire ID # **Shift Assignment**

_____ _____ _____ _____

FCDICE **FF Certificate** **EMT Certificate** **CPR**

_____

Other

Satellite Beach Fire Department

(321) 773-4405

MEMORANDUM of UNDERSTANDING

I, _____, as a member of the Satellite Beach Fire Department acknowledge the following points as Terms and Conditions of my membership in the organization:

1. ____ Business Meetings: I understand that important information is given to members during monthly business meetings, and that I must attend at least five (5) meetings throughout the year. Failure to do so may result in termination.

2. ____ Professional Conduct: I understand that as a member of the Satellite Beach Fire Department I must conduct myself in a manner so as not to bring discredit or embarrassment to the organization. Credible reports of inappropriate behavior may result in termination.

3. ____ Consumption of Alcohol: I understand that the Satellite Beach Reserve Organization provides free cab service in the event that I become too intoxicated to operate a motor vehicle. If I am arrested for Driving Under the Influence, I understand that it shall result in termination.

4. ____ Monthly Ride Requirement: I understand that I am required to ride a minimum of forty-eight (48) hours per month on my assigned shift. I understand that meetings, training, and fire related classes count toward this required ride time. Failure to complete the monthly ride requirement may result in termination.

5. ____ Equipment: I understand that equipment issued by the Satellite Beach Fire Department is property of the Fire Department. I understand that I am to care for the property, and I am responsible for its return upon my resignation/termination with the organization. I also understand the Department-issued identification cards and badges are the property of the Fire Department and must be returned.

6. ____ Ride Log: I understand that the Ride Log is an official document. I understand that falsification of that document will result in termination. I also understand that it is my responsibility to enter information accurately and timely regarding my ride time. Failure to enter ride time may result in a loss of credit earned for time.

Reserve Member Signature	**Date**
Witness	**Date**
Fire Chief	**Date**

Satellite Beach Fire Department

(321) 773-4405

Authority for Release of Information – *Personal Inquiry Waiver*

To concerned persons or authorized representatives of any organization, institution, or repository of records:

Re: Applicant Name: _____

DOB: _____ SSN: _____

I respectfully request and authorize you to furnish the City of Satellite Beach Fire Department information you have concerning my employment records, school records including transcript, character, reputation, financial credit status, military record, and arrest record. This information may be used to assist any employing agent in determining my qualification and fitness for the position I am seeking with the City of Satellite Beach Fire Department in Brevard County, Florida.

I hereby release you, your organization, and others from liability or damage which could result from furnishing the information requested above.

Signature of Applicant: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

AFFIDAVITT

STATE OF FLORIDA
COUNTY OF BREVARD

Before me personally appeared _____
Who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed to me this _____day of _____ , 20___

My commission expires: _____

Signature of NOTARY PUBLIC State of Florida at Large: _____

Beneficiary Designation

(Please Print or Type all but Signature)

Policyholder: CITY OF SATELLITE BEACH

Insured Person's Name: _____

Death Benefits to be paid to the beneficiary named below. State relationships and age.

Name	Relationship	Age

The right to change the beneficiary(ies) without the consent of said beneficiary(ies) is reserved.

_____ Date: _____

(Signature of Insured Person)

Naming the Beneficiary

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. If you need assistance, contact your Company Representative.

The following are the most common designations:

Mary J. Doe, Wife (NOT Mrs. John Doe).
Mary J. Doe, Wife, if living, otherwise Joseph W. Doe, Son.
Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son, in equal shares or to the survivor.

Estate of Insured Person.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts. For example, "1/3 to Mary Jones, mother, and 2/3 to Edith Jones, Wife."

Please state age and relationship of each beneficiary. If the beneficiary is not related to you either by blood or marriage, insert the words "Not Related," and state address of beneficiary.

The signature must be in ink. Do not erase. If corrections are necessary, line out the error and initial the correction.

This form is to accompany the record/document upon which is written the social security number of the individual. A copy of this form is to be provided to or retained by the individual.

SOCIAL SECURITY NUMBER
Statement of Purpose

Pursuant to Florida Statutes, Section 119.071(5)(a)2, the City of Satellite Beach is required to provide to you in writing the purpose for collecting your social security number. It is being collected by the City for the following purpose/reason(s):

- [X] Background Information/History
- [X] Billing/Payments
- [ ] Business Occupation Verification
- [X] Credit Screening
- [ ] Eligibility for Governmental Subsidy
- [X] Identity Verification
- [X] Benefit Processing
- [ ] Taxpayer Identification/Certification
- [X] Training/Certification
- [ ] Vendor Verification
- [ ] Other:_____

Applicant Signature: _____

Date: _____

RESERVES ONBOARDING
CHECK LIST

Name: _____

☐ Application includes References ☐ Application is signed

☐ Application is COMPLETE (2 pages) ☐ FCDICE Number Provided: _____

☐ Social Security Statement of Purpose Document is signed SOC SEC #: (optional) _____

☐ Personal Inquiry Waiver is COMPLETE ☐ Personal Inquiry Waiver is NOTARIZED

☐ Beneficiary Form ☐ Memorandum of Understanding

☐ Photocopy of Driver's License ☐ Photocopy of CPR Card

☐ Photocopy of Fire I/II Certificate ☐ Photocopy of EMT License

Additional certifications and/or a resume' may be attached.

Email Address: _____@_____

Home Phone: _____ Cell Phone: _____ DOB: ___/___/_____

For Office Use Only:

Shift Assignment: A B C

☐ **ER Entered** ☐ **Image Trend Entered** ☐ **Connected as Reserve in FCDICE**

☐ **Crew Sense Entered Login: _____ Password: Password55!**

☐ **Target Solutions Entered Login: _____**

☐ **Folder Created in AA Server** ☐ **Certs Uploaded to AA Server**

☐ **Outlook E Mail assigned** ☐ **Beneficiary Form** ☐ **Memorandum of Understanding**

☐ **Phase Book Created/Issued**

☐ **See Julie for duty t-shirt. Must complete *Uniform Asset Sign Out Form.***

\\Fd-Server\Community\RESERVE APPLICATIONS\Reserve Onboarding Check List.Docx

September 9, 2025