



Westside Volunteer Fire Department

Lake Palestine, TX

ESTABLISHED 1980

APPLICATION FOR MEMBERSHIP

You must be eighteen years of age to apply for membership, and complete the attached form furnishing all requested information as it applies to you. If you fail to answer all questions fully and accurately, you may delay consideration of your application. The medical section is a basic physical exam given by a doctor; this is optional. In addition to this application, a criminal history report from the Department of Public Safety is required.

You are required to present the completed application in person at one of the Westside Volunteer Fire Department's regular meetings. The meetings are held on the first and third Tuesday nights of the month at 7:00 PM at the Fire Station located on Norris Road.

After presenting your application, a meeting will be arranged between you and the Membership Committee. The information in your application will be verified. A vote will be taken at the next monthly meeting of the Department, considering the acceptance, or rejection, of your membership in the Westside Volunteer Fire Department. You will be notified as to the outcome that night, if available, or as soon as you can be contacted.

YOU ARE REQUIRED TO PARTICIPATE IN THE STATE FIREMEN & FIRE MARSHALS ASSOCIATION OF TEXAS CERTIFICATION PROGRAM (FIREFIGHTING CLASSES) AND/OR THE TEXAS DEPARTMENT OF HEALTH CERTIFICATION PROGRAM FOR ECA'S, EMT'S, OR PARAMEDIC'S.

(Department use only)

(Department use only)

APPLICATION OF

NAME: _____

Proposed _____ , _____

Selected:

Reserve Member _____ , _____

Probationary Member _____ , _____

Active Member _____ , _____

Committee of Investigation

The undersigned committee of investigation having conscientiously investigated this application report favorable.

Application taken by: _____

Westside Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

| | | | | | | | | | |
|-----------|---|--------|--------|----------------------|---|-------------------------------|------|------|--|
| 1 | Name: | First | Middle | Last | 3 | Social Security Number | | | |
| | | | | | | | | | |
| 2 | Address: | Number | Street | Apartment # | 4 | Phone Numbers: | | | |
| | | | | | | Home | | | |
| | | | | | | Work | | | |
| | | City | State | Zip | 5 | Date of Birth | | | |
| | | | | | | | | | |
| 6 | Did you graduate from high school? | | | 7 | If not, do you have a high school equivalency diploma? (i.e. GED) | | | | |
| | Yes No | | | | Yes No | | | | |
| 8 | Name location (city & state) of any colleges or universities attended: | | | Major field of Study | Degree Received? | | | | |
| | | | | | Yes | No | Type | Year | |
| | | | | | | | | | |
| | | | | | | | | | |
| 9 | Other training (including business, trade, military, or correspondence school) | | | | | | | | |
| | Name and location of school (city and state) | | | Type of training | | | Year | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 10 | Use this space to give any special qualifications relevant, which are not covered elsewhere in your application (such as professional license or certificate [i.e. RN or EMT], or skills or certificates from another Vol. Fire Dept. [i.e. CPR or HAZMAT] use separate sheet if ness.) | | | | | | | | |
| | Skill/qualification | | | Agency | | | Year | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

(Use other sheet if necessary)

| | | | |
|-----------|---|-----|----|
| 11 | Do you have a fear of heights or confined spaces? | Yes | No |
|-----------|---|-----|----|

| | | | |
|-----------|---|-----|----|
| 12 | MEDICAL HISTORY | | |
| | Do you have any physical limitations that should be considered? | Yes | No |
| | Do you have any chronic disease? | Yes | No |
| | Do you have any heart problems? | Yes | No |
| | Do you have any respiratory problems? | Yes | No |
| | Are you receiving any special medical treatment or medications? | Yes | No |
| | If yes to any of the above questions, please explain _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |

| | | | |
|-----------|---|--|--|
| 13 | PHYSICIAN SECTION (To be filled out by a physician) (Optional) | | |
| | Medical Doctor: Name, address, and phone number. | | |
| | _____ | | |
| | _____ | | |
| | I have found this person to be in good health, capable of handling the duties involved with fire suppression, and ready for service with the FIRE DEPARTMENT. | | |
| | SIGNED _____ M. D. _____ Date _____ | | |

EMPLOYMENT HISTORY

| | | |
|-----------|--|---|
| 14 | Position: | Name, Title and Position of Immediate Supervisor |
| | | |
| | Employer (company or organization): | Address of Employer: |
| | | |

| | |
|---|---|
| <p>Dates of Employment:</p> <p>From _____ To _____ Mo. Yr. Mo. Yr.</p> <p>Number of hours worked per week: _____</p> <p>Reason for leaving: _____</p> | <p>Describe your duties, responsibilities, and accomplishments below.</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

| | | |
|---|---|---|
| 15 | Position: | Name, Title and Position of Immediate Supervisor |
| Employer (company or organization): | | Address of Employer: |
| <p>Dates of Employment:</p> <p>From _____ To _____ Mo. Yr. Mo. Yr.</p> <p>Number of hours worked per week: _____</p> <p>Reason for leaving: _____</p> | <p>Describe your duties, responsibilities, and accomplishments below.</p> <p>_____</p> <p>_____</p> <p>_____</p> | |

| | | |
|---|--|--|
| 16 | References | |
| List three persons other than relatives who know you and your qualifications. | | |
| <p>1. Name: _____</p> <p>Relationship: _____</p> | <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> | |
| <p>2. Name: _____</p> <p>Relationship: _____</p> | <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> | |
| <p>3. Name: _____</p> <p>Relationship: _____</p> | <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p> | |

| | |
|-----------|--|
| 17 | <p>Are you a citizen of the United States? Yes No</p> <p>Are you legally eligible for employment in the United States? Yes No</p> |
| 18 | <p>Do you have a valid driver's license? Yes No</p> <p>License Number _____ State _____ Expiration Date _____</p> |
| 19 | <p>Do you authorize the FIRE DEPARTMENT to check your driving record, both now, and on a periodic random basis during membership for repeated or significant traffic violations? Yes No</p> |
| 20 | <p>Have you ever been convicted of a felony? Yes No</p> <p>Have you ever been convicted of arson or been a suspect in an arson investigation? Yes No</p> <p>If yes to either question, please explain: _____</p> <p>_____</p> <p>_____</p> <p>A conviction does not automatically mean that you cannot be elected to membership. The nature of the offense and when it occurred will be considered. Give all the facts so that a decision can be made (attach additional sheets if necessary). A record check will be run to verify your answer.</p> |
| 21 | <p>Are any members of your family members of the Westside VFD? Yes No</p> <p>Name: _____ Relationship: _____</p> <p>Name: _____ Relationship: _____</p> |
| 22 | <p>Does your application meet with the approval of your employer? (If employed in this area) Yes No</p> |
| 23 | <p>Please describe any additional experience (paid or volunteer), activities or accomplishments that are relevant to fire suppression. Include name of organization, dates, and amount of time involved. Attach additional sheets if necessary.</p> |

24 CRIMINAL HISTORY RECORD REQUEST:

I hereby consent to a search of conviction information/ Criminal History Information.

Signature: _____ Date Signed: _____

25 DEPARTMENT MEMBERS:

I desire to make an application for membership in your DEPARTMENT, pledging myself to conform to all rules of said DEPARTMENT, to obey all orders given me by those in authority, to answer all calls, attend all training, and meetings to the best of my ability, conduct myself at all times in such a manner as not to throw discredit on the DEPARTMENT. These statements made by me in this application are full and true to the best of my knowledge and belief. I understand that the information provided may be verified and any willful misstatement of material facts herein will cause forfeiture on my part of all rights to membership in your DEPARTMENT.

Signature: _____ Date Signed: _____