



INDIAN HARBOR VOLUNTEER FIRE DEPARTMENT

Application for Membership

For Department Use Only	
Date Received	_____
Accepted as Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Accepted	_____

Personal Information (PLEASE PRINT CLEARLY)

NAME: LAST		FIRST		M.I.	
ADDRESS:					
CITY:		STATE:	ZIP CODE:	HOME PHONE:	
CELL PHONE:			SPOUSE'S NAME:		
AGE:	DATE OF BIRTH: (MM/DD/YYYY)	HEIGHT:	WEIGHT:	BLOOD TYPE:	
SOCIAL SECURITY #:			E-MAIL ADDRESS:		
DRIVERS LICENSE #:		CLASS:	DATE EXPIRES:	STATE:	

Employment Information

COMPANY NAME:					
ADDRESS:					
CITY:		STATE:	ZIP CODE:	TELEPHONE:	
NAME OF SUPERVISOR:			EMPLOYED (MONTH/YEAR)		
			FROM:	TO:	
JOB TITLE AND DESCRIPTION					

Emergency Contact

NAME:		RELATIONSHIP:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	TELEPHONE:

Personal Reference

NAME:		RELATIONSHIP:	
ADDRESS:		TELEPHONE:	
NAME:		RELATIONSHIP:	
ADDRESS:		TELEPHONE:	
NAME:		RELATIONSHIP:	
ADDRESS:		TELEPHONE:	

Military Experience

BRANCH OF SERVICE:	RANK:	LENTH OF SERVICE:
DATE OF DISCHARGE:	TYPE OF DISCHARGE:	
MOS DESCRIPTION:		

EMS Certification

TYPE OF CERTIFICATION:	CERT. #:	DATE EXPIRES:
CPR: YES NO	DATE EXPIRES:	
OTHER EMS TRAINING:		

Special Skills

List any special skills you may have here:

Have you ever been convicted of a crime?

Yes

No

If yes, please explain here.

I, _____ hereby make application for membership in the Indian Harbor Vol. Fire Department / E.M.S. Services. If accepted for membership, I understand I will have a six-month probation period, and promise to obey all rules and regulations of the Department. I understand I will be subject to random drug screening at the discretion of Hood County, and the Department. I release Indian Harbor Vol. Fire Department to do any background checks needed. I understand that my acceptance to the Indian Harbor Volunteer Fire department will be dependant upon the results of my background check. I will to the best of my ability serve the interests of Indian Harbor Volunteer Fire Department and Hood County in preservation of life and property.

Signed: _____

Date: _____

I have read and will abide by the by-laws of I.H.V.F.D./E.M.S.

Signed: _____

Date: _____

Interview Checklist

To be completed by committee.

1. Why do you want to be a part of our Fire Department?

2. What do you have to offer our Department?

3. Will you be willing to continually train?

4. Will you take orders and/or criticism?

5. Inform applicant of minimum SFFMA training requirements for interior firefighting.
(73 Hour)

6. Inform applicant that Training Officer will test on SCBA use Prior to being allowed
to enter any fire.

7. Inform applicant of the 50% training and business meeting requirement.

8. Inform applicant of the 25% runs (Actual or Stand-By) requirement.

9. Inform applicant of rules for use of the gate.

10. Inform applicant of the random drug testing.

11. Where does your interest lie? (Fire or EMS)

Committee Report

Referred to the following for Investigation:

1. _____ 2. _____ 3. _____

We the committee, submit the following report: We find (all) (not all) of the above statements correct. The applicant is (Eligible) (Ineligible) for membership. We report (favorable) (unfavorable) on the applicant.

Comments:

Signed Committee

1. _____ 2. _____ 3. _____

Date Accepted: _____ 20 ____.

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

 Signature of Applicant or Employee

 Date

 Agency Name (Please print)

 Agency Representative Name (Please print)

 Signature of Agency Representative

 Date

<p>Please: Check and Initial each Applicable Space</p>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<p>Retain in your files</p>	