

# HIGHLANDS VOLUNTEER FIRE DEPARTMENT

## MEMBERSHIP APPLICATION



2013/ REVISION 6

# VOLUNTEER APPLICATION

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

T.D.L.#: \_\_\_\_\_

SS#: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING:

IF ELECTED A MEMBER OF H.V.F.D.

1. Are you interested in Fire Department work and can you give at least one night per week to its' maintenance and progress?  
\_\_\_\_\_
2. The work of this Department comprises various duties with many purposes. Will you cooperate and give your time and ability to the advancement of these objectives as much as is practically required?  
\_\_\_\_\_
3. The business of the Department is relative only to the Department. Do you agree to keep this information confidential and to acknowledge it as a suspendable offense to divulge such information outside the Department?  
\_\_\_\_\_
4. The Department is comprised of Members and Officers, Chiefs, Asst. Chiefs, Captains, etc. Do you agree to obey their orders promptly and to do so with the best of your ability in case of fire or any emergency whereby we are called to duty?  
\_\_\_\_\_
5. Will you, at all times, help to keep the equipment and property of the Department in the best possible condition?  
\_\_\_\_\_
6. Do you understand that all members are on duty at meetings and fires, and are not eligible to depart unless adjourned or given specific permission to leave by the Officer in Charge?  
\_\_\_\_\_
7. All duties of the Fireman are wholeheartedly connected with one another, regardless of time, need, or inconvenience. We will extend every possible effort to help a fellow member in need of assistance. Would you?  
\_\_\_\_\_

8. If accepted, you will be a member of a non-paid, non-political organization, bent on the ever present need of safeguarding and improving the community in which you live. Your only compensation will be satisfaction in yourself. If this does not interest you, or you do not consider this interesting without monetary recompense, do not sign this document. If it does interest you, you have the basic quality of a Volunteer Fireman.

9. Will you report as quickly as possible after the alarm sounds, unless it is impossible due to sickness, your job, or other valid reason?

\_\_\_\_\_

10. Would you agree to an investigation by this Department of your past records, criminal, driver's license, etc.?

\_\_\_\_\_

11. Will you be willing to make 20% of all alarms? \_\_\_\_\_

12. Do you have any previous experience as a Fire Fighter or EMS?                      Yes                      No

If "Yes", please list below:

Department	Address	City/State	Phone #
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\_\_\_\_\_  
\_\_\_\_\_

Please list any current certifications: \_\_\_\_\_

13. Why would you like to be a Volunteer Fire Fighter?

- A. \_\_\_\_\_ To better yourself?
- B. \_\_\_\_\_ To learn a new skill?
- C. \_\_\_\_\_ To help your community?
- D. \_\_\_\_\_ Other, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Arrests, Detentions, and Litigation's:  
Have you ever been charged, arrested or convicted of a crime punishable by confinement in jail or prison?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, complete the following:

Offense Charged	Police Agency	Date	Disposition of Case
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\_\_\_\_\_  
\_\_\_\_\_

15. Personal Declarations:

A. Have you ever, or are you now, using any Medications or Stimulants not prescribed by a Physician?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, what are the circumstances?

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C. Describe, in your words, the frequency and extent of your use of Intoxicating Liquors.

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16. References:

List three (3) persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name	Address	Phone
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17. Medical History:

A. Have you had any of the following Conditions and/or Diseases?

	(YES)	(NO)		(YES)	(NO)
CANCER	_____	_____	RHEUMATIC FEVER	_____	_____
DIABETES	_____	_____	SERIOUS INJURY	_____	_____
DIPHTHERIA	_____	_____	TUBERCULOSIS	_____	_____
EPILEPSY	_____	_____	TYPHOID FEVER	_____	_____
HEART DISEASE	_____	_____	CHEST PAINS	_____	_____
KIDNEY TROUBLE	_____	_____	HEAD INJURY	_____	_____
MALARIA	_____	_____	PLEURISY	_____	_____
PNEUMONIA	_____	_____	ASTHMA	_____	_____
MENTAL DISEASE	_____	_____	CONVULSIONS	_____	_____
FAINTING	_____	_____	DIZZINESS	_____	_____
HEADACHES	_____	_____			

B. Have you ever had any injury to your back or any "Back Trouble", which required the attention of a Physician, or caused you to miss work?

Yes \_\_\_\_\_ No \_\_\_\_\_

C. If Yes, to any of the above, please explain in full:

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I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OF THIS APPLICATION OR MEMBERSHIP.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby request and authorize you to furnish the HIGHLANDS VOLUNTEER FIRE DEPARTMENT with any and all information that they may request concerning my records and general reputation. This information will be used for the sole purpose of determining my eligibility for membership in the HIGHLANDS VOLUNTEER FIRE DEPARTMENT.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above, or from any subsequent use of such information in determining my qualifications to serve as a regular member.

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APPLICANT SIGNATURE

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DATE

NOTE: This form may/will be retained in your files.

FOR DEPARTMENT USE ONLY

Investigation Committee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Accepted App.

YES \_\_\_\_\_

NO \_\_\_\_\_

DATE \_\_\_\_\_

Accepted Reg.

YES \_\_\_\_\_

NO \_\_\_\_\_

DATE \_\_\_\_\_

INVESTIGATION COMMITTEE COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Fire Department  
Pre-Acceptance  
**Member Statement**

**I authorize the Highlands Volunteer Fire Department to obtain information from previous employers, schools and other fire departments. I authorize my previous employers, schools, and departments to disclose to the Highlands Volunteer Fire Department such information about me as may be requested.**

\_\_\_\_\_ Initials

I verify that the statements I have made in this application and all other materials provided are true and complete. I understand that if my membership is granted, any false or incomplete statements in this application will be grounds for my immediate discharge.

\_\_\_\_\_ Initials

I authorize the Highlands Volunteer Fire Department to do a criminal background check including a check of my driving record through the Texas Department of Public Safety.

\_\_\_\_\_ Initials

I authorize the Highlands Volunteer Fire Department to request and obtain medical records as needed.

\_\_\_\_\_ Initials

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\*Failure to agree with any of the above statements is ground for rejection of your application.

\*A copy of your drivers License is required upon return of this application.



**Highlands Volunteer Fire Department  
Authorization for Criminal and Driving Background  
Check**

I \_\_\_\_\_ hereby request and authorize the release of any criminal history and motor vehicle operator record information to the Highlands Volunteer Fire Department. This information will be used for the sole purpose of determining any membership / employment eligibility in the Highlands Volunteer Fire Department.

The following information is required for the background check. This information will be kept on file and will only be given to the HCFMO for the purpose of running the background check.

Copy of Driver's License

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

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

By submitting and signing this form, I have authorized the Highlands Volunteer Fire Department to do a criminal background check including a check of my driving record through the Texas Department of Public Safety.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**HCFMO**  
Harris County Fire Marshal

M.S. Montgomery  
Fire Marshal

April 20, 2011

### Fire and EMS Department Alert UPDATE

The Harris County Fire Marshal's Office will no longer conduct background/criminal history checks related to the application for employment or membership with a fire or EMS departments.

Due to lack of funding, our office no longer has the administrative staff capability to continue this service. We want to ensure that fire and EMS departments have the proper contact information they need to screen their candidates.

If a department wants a complete background check, including out of state records, it can request that individual provide them a copy of the records by accessing this link: <http://www.fbi.gov/hq/ciisd/fprequest.htm>.

For a background check within the State of Texas only, the Texas Department of Public Safety provides this service through the following link:

<https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/>

Sincerely,

A handwritten signature in black ink, appearing to read "MS" followed by a flourish.

Mike Montgomery  
Director/Fire Marshal

*Background check  
information*

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