



Application for Membership Central Community Fire / Rescue ESD 8



DATE: _____

NAME: _____
Last First Middle

ADDRESS: _____
Street City ZIP

TELEPHONE: Work _____ Home _____ Age _____

OCCUPATION: _____ Hours _____ Days Per Week _____

Date of Birth: _____ Blood Type, if known: _____

Do you possess a valid Texas Vehicle Operator's License: yes _____ no _____

Drivers license # _____ Exp: Date: _____

Number of **AT FAULT** accidents in the past three (3) years: _____

Number of **MOVING TRAFFIC CITATIONS** in the past three (3) years: _____

Have you been convicted of a felony or misdemeanor within the past five (5) years:

Yes _____ No _____

If yes, please explain on the reverse side of this page. *A conviction may not exclude you from membership.*

Do you have any physical disabilities or limitations of medical conditions which would prevent you from performing all the duties required of a Firefighter: Yes _____ No _____

If yes, please explain. **Please note: Physical disabilities and/or medical conditions do not preclude membership.**

Please list special skills, education, training, and Firefighting related memberships.

Special Skills: _____

Education, Special Training: _____
Documentation must be provided for verification

Organizations, Memberships (fire related only please): _____

REFERENCES

NAME:	STREET/CITY/ZIP	TELEPHONE	YRS. KNOWN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In case of Emergency notify:

NAME	TELEPHONE	DAY/NIGHT	PAGER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Must have all three (3) listed.

I, the undersigned, certify that the facts as contained in this application are true and correct, to the best of my knowledge, and that I understand that falsified statements on this application will be grounds for immediate dismissal. I hereby also certify that I will promise to obey all rules and regulations of this department and to become an active member within my capabilities for all functions and programs of this department. By signing, I understand that I will not be considered for membership until a Criminal background check has been completed by the Fire Marshal's office.

Date: _____ Signature: _____ Witness: _____

Requirements to be a Central Community Volunteer Fireman

1. You must have a Scanner and or Pager. (the pager or the scanner will not be furnished by the department)
2. You must be willing to complete a probationary training process within the six (6) month probationary period.
3. You must attend not less than 50% of fire meetings, training classes, and work parties.
4. You must be willing to help work on equipment, trucks, fire stations, etc.
5. While completing the above probationary training process, you will be given gear that is to be left at your assigned station.
6. At no time will you be able to operate any fire department trucks while on probation, unless under the direct order of a fire department officer in charge.
7. You **may not** use any lights and/or sirens while under a probationary status. Once off probationary status, if lights and sirens are used, they must follow standards set forth by the Transportation Code subchapter L 547.702 (see attached).
8. You must show knowledge of the emergency response codes: Code 1, 2, 3
9. No letter of good standing will be given until you have completed the required probationary period or have been a junior firefighter for a period of one year.

Applicant's Signature

Date

Fire Chief

Date

Junior Firefighter

Junior firefighter has proof of age: Yes _____ No _____

Junior firefighter is willing to show evidence of academic performance: Yes _____ No _____
(Must show report card)

Signature of legal parent/guardian of Junior Firefighter: _____
Signature Date

Central Community Volunteer Fire Department
Receipt of Fire Equipment

I, _____, hereby acknowledge receipt of the following listed items, which are and shall remain property of Central Community Volunteer Fire Department. I understand that I am responsible for any required maintenance to these items and that if I am no longer an active participant of this department, that I shall be required to return these items within 5 calendar days of the date which I cease to be active. I further understand that I shall be subject to criminal charges if these items are not returned in the same condition they were issued, less normal wear. I agree to report any items, to me noted hereon, that becomes damaged or lost and agree to replace at my sole expense such items if the damage is due to my negligence.

Member signature _____ Date _____

Witness _____ Rank _____ Date _____

547.702. Additional equipment requirements for authorized emergency vehicles

- (a) An authorized emergency vehicle may be equipped with a siren, exhaust whistle, or bell:
 - (1) of a type approved by the department; and
 - (2) that emits a sound audible under normal conditions at a distance of at least 500 feet.
- (b) The operator of an authorized emergency vehicle shall use the siren, whistle, or bell when necessary to warn other vehicle operators or pedestrians of the approach of the emergency vehicle.
- (c) Except as provided by this section, an authorized emergency vehicle shall be equipped with signal lamp that:
 - (1) are mounted as high and as widely spaced as practicable;
 - (2) display four alternately flashing red lights, two located on the front at the same level and two on the rear at the same level; and
 - (3) emit a light visible at a distance of 500 feet in normal sunlight
- (d) A private vehicle operated by a volunteer firefighter responding to a fire alarm or medical emergency may, but is not required to, be equipped with a signal lamp that comply with the requirements of subsection C.
- (e) A private vehicle operated by a volunteer firefighter responding to a fire alarm or medical emergency may be equipped with a signal lamp that is temporarily attached to the vehicle roof and flashes a red light visible at a distance of at least 500 feet in normal sunlight.
- (f) A police vehicle may, but is not required to, be equipped with a signal lamp that comply with subsection

DEPARTMENT USE ONLY:

Date of interview: _____

Date of By-Laws/SOPs given to applicant: _____

Membership Committee Members present at interview: _____

Accepted this, the _____ day of _____ 200__ for consideration

Accepted___ Rejected___ Formally, this, the _____ day of _____ 200__

Department Authorization Signature _____

Background Check Done On _____ by _____

Gear Issued

Date Issued: _____ By: _____

Helmet: _____ Type: _____ Color: _____

Coat: _____ Type: _____ Color: _____

Pants: _____ Type: _____ Color: _____

Suspenders _____

Boots: _____ Type: _____ Size: _____

Gloves: _____ Type: _____ Size: _____

Hood: _____ Type: _____

Member Signature _____

Witness _____