

SEALY VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION

ALL QUALIFIED APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO RACE,
COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, MARITAL OR VETERAN
STATUS, OR OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

HOME PHONE # _____ CELL # _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

ADDRESS: _____ CITY/STATE _____ ZIP CODE _____

HOW LONG AT CURRENT ADDRESS: _____ YEARS _____ MONTHS

PREVIOUS ADDRESS: (IF LESS THAN 5 YRS) _____

CITY: _____ STATE: _____ ZIP: _____

TX DL # _____ CLASS _____ RESTRICTIONS _____

(ATTACH COPY OF SOCIAL SECURITY CARD AND DRIVER'S LICENSE WITH APPLICATION)

EDUCATION

HIGH SCHOOL/GED:

CITY/STATE: _____ DATE GRAD/REC:

COLLEGE: _____

CITY/STATE: _____ DATE GRAD: _____

DEGREE EARNED: _____ HOURS: _____

OTHER SCHOOL: _____

CITY/STATE: _____ DATE GRAD: _____

TRAINING/CERTIFICATION/DEGREE: _____

SFVD MEMBERSHIP APPLICATION

EMPLOYMENT

CURRENT EMPLOYER: _____ PHONE # _____

OCCUPATION: _____ HOW LONG? _____

ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

WILL YOU BE ABLE TO LEAVE WORK FOR A FIRE? _____

PREVIOUS EMPLOYER: _____ PHONE # _____

OCCUPATION: _____ DATES: _____ TO _____

ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ PHONE # _____

OCCUPATION: _____ DATES: _____ TO _____

ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

REASON FOR LEAVING: _____

SPECIALIZED TRAINING/EXPERIENCE

DO YOU HAVE ANY EXPERIENCE/TRAINING IN FIRE SUPPRESSION? _____

DEPARTMENT NAME: _____ WHEN? _____

ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

CHIEF OFFICER: _____ PHONE # _____

LEVEL OF TRAINING/CERTIFICATIONS: _____

HIGHEST RANK OBTAINED: _____

LIST ANY OTHER CERTIFICATIONS, EXPERIENCE, QUALIFICATIONS OR SKILLS THAT MAY BE BENEFICIAL TO SFVD: (i.e. CPR/1ST AID, EMS, LAW ENFORCEMENT, FIREFIGHTING, HAZ MAT, RESCUE, ETC.):

(PLEASE INCLUDE COPIES OF ANY CERTIFICATIONS WITH APPLICATION)

SFVD MEMBERSHIP APPLICATION

MILITARY SERVICE

BRANCH: _____ RANK / RATE _____

DATES: _____ DISCHARGE STATUS _____

MOS: _____ SPECIALIZED: _____

MEDICAL HISTORY

EXISTING MEDICAL CONDITIONS: _____

ARE YOU UNDER A DOCTOR'S CARE _____ DR. NAME _____

ARE YOU CURRENTLY TAKING PERSCRIPTION MEDICATIONS? _____

SFVD MEMBERSHIP APPLICATION MEDICAL HISTORY QUESTIONNAIRE

DO YOU HAVE ANY MEDICAL PROBLEMS OR ILLNESS?

Y () N () _____

HAVE YOU EVER BEEN A PATIENT IN A HOSPITAL? Y () N () WHEN?

_____ WHY? _____

HAVE YOU EVER BEEN ADVISED TO HAVE AN OPERATION? Y () N () WHEN? _____

WHY? _____

HAVE YOU ANY PHYSICAL COMPLAINT, IMPAIRMENT OR DISABILITY AT PRESENT? Y () N ()

WHAT? _____

HAD YOUR WORK EVER BEEN LIMITED/ RESTRICTED BECAUSE OF YOUR HEALTH? Y () N ()
WHEN/ WHY?

DO YOU CONSIDER YOURSELF IN GOOD HEALTH? Y () N () IF NO, EXPLAIN _____

LIST ALL MEDICATION(S) YOU ARE CURRENTLY TAKING: _____

LIST ALL MEDICATIONS YOU ARE ALLERGIC TO: _____

PERSONAL PHYSICIAN/CLINIC

PHYSICIAN/CLINIC NAME: _____ PHONE #: _____

ADDRESS: _____ CITY/STATE: _____

I HEREBY ATTEST THAT THE INFORMATION FURNISHED BY ME ON THIS MEDICAL QUESTIONNAIRE IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE; AND I FURTHER UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS WILL RESULT IN DISMISSAL.

DATE: _____

SIGNATURE: _____

SFVD MEMBERSHIP APPLICATION

BACKGROUND

DRIVING RECORD:

HOW MANY TRAFFIC CONVICTIONS HAVE YOU RECEIVED IN THE PAST 3 YEARS? _____

HOW MANY TRAFFIC ACCIDENTS HAVE YOU HAD? _____

HOW MANY WERE YOUR FAULT? _____ WHEN: _____

WAS THERE SERIOUS INJURY/FATALITY: _____

HAVE YOU EVER BEEN CONVICTED OF DUI/DWI: _____

IF YES, GIVE DATES AND DETAILS: _____

CRIMINAL HISTORY:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? _____

MISDEMEANOR - CLASS A _____ B _____ C _____ FELONY: _____

IF YES, GIVE DETAILS: _____

PERSONAL REFERENCES (OTHER THAN RELATIVES)

NAME: _____ PHONE #: _____

ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

NAME: _____ PHONE #: _____

ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

I HEREBY ATTEST THAT THE INFORMATION FURNISHED BY ME FOR THIS MEMBERSHIP APPLICATION IS TRUE AND CORRECT, AND I FURTHER UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS IN THE MEMBERSHIP APPLICATION WILL RESULT IN REJECTION OR DISMISSAL. I ALSO UNDERSTAND THAT AN INVESTIGATION INTO MY EMPLOYMENT, PRIOR TRAINING, PERSONAL REFERENCES, DRIVING RECORD AND CRIMINAL HISTORY WILL BE CONDUCTED BY AGENT(S) OF SEALY VOLUNTEER FIRE DEPARTMENT.

DATE: _____ SIGNATURE: _____

SEALY VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, DO HEREBY AUTHORIZE A REVIEW OF, AND FULL DISCLOSURE OF ALL RECORDS CONCERNING MYSELF TO ANY DULY AUTHORIZED AGENT(S) OF SEALY VOLUNTEER FIRE DEPARTMENT, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE, OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF EDUCATIONAL OR TRAINING INSTITUTIONS, PRESENT AND/OR PAST EMPLOYMENT RECORDS, INCLUDING PRE-EMPLOYMENT BACKGROUND INVESTIGATIONS AND ANY COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME, AND ANY RECORDS OF CRIMINAL JUSTICE AGENCIES, INCLUDING ANY CRIMINAL INVESTIGATIONS, CHARGES AND CONVICTIONS.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY, IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR MEMBERSHIP BY SEALY VOLUNTEER FIRE DEPARTMENT. I ALSO CERTIFY THAT ANY PERSON(S) WHO MAY FURNISH SUCH INFORMATION CONCERNING ME SHALL NOT BE HELD ACCOUNTABLE FOR GIVING THIS INFORMATION, AND I DO HEREBY RELEASE SAID PERSON(S) FROM ANY AND ALL LIABILITY WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

PRINT NAME: _____ DOB: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ TEXAS DL# _____

DATE: _____ SIGNATURE: _____

DATE: _____ WITNESS: _____

SEALY VOLUNTEER FIRE DEPARTMENT

MEMBERSHIP APPLICATION CHECKLIST

NAME: _____ SSN: _____

ADDRESS: _____

CITY/ STATE: _____ ZIP _____

PHONE: HOME- _____ WORK: _____ CELL: _____

DATE	INITIALS	ITEMS TO BE COMPLETED
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_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	1. APPLICATION PACKET COMPLETED APPLICATION BACKGROUND CHECK RELEASES COPY OF SOCIAL SECURITY CARD COPY OF DRIVERS LICENSE COPIES OF CERTIFICATIONS, ETC
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_____ _____ _____ _____	_____ _____ _____ _____	2. BACKGROUND CHECK	DATE REC/RESULTS _____ _____ _____ _____
		DL CHECK	_____
		CRIMINAL HISTORY	_____
		EDUCATION/EMPLOY	_____
		PERSONAL REFERENCE	_____

_____ _____	_____ _____	3. INTERVIEW WITH MEMBERSHIP COMMITTEE RECOMMENDATION: _____ _____	REFERRED TO OFFICERS _____ ACCEPTED - DATE: _____ _____ DECLINED - _____
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_____ _____ _____	_____ _____ _____	4. CONDITIONAL MEMBERSHIP STATUS CONDITIONAL AGREEMENT SIGNED PHYSICAL EXAM DONE _____ DRUG SCREEN DONE _____
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_____ _____	_____ _____	5. PROBATIONARY MEMBERSHIP STATUS: _____ ACCEPTED - DATE: _____ _____ DECLINED - _____
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SEALY VOLUNTEER FIRE DEPARTMENT

MEMBERSHIP APPLICATION PROCEDURE

SEALY VOLUNTEER FIRE DEPARTMENT RELIES ON THE ACCURACY OF INFORMATION CONTAINED IN THE MEMBERSHIP APPLICATION AS WELL AS THE ACCURACY OF OTHER DATA PRESENTED THROUGHOUT THE APPLICATION PROCESS AND MEMBERSHIP PERIOD. ANY MISREPRESENTATIONS, FALSIFICATIONS OR MATERIAL OMISSIONS IN ANY OF THIS INFORMATION OR DATA MAY RESULT IN SEALY VOLUNTEER FIRE DEPARTMENT'S EXCLUSION OF THE INDIVIDUAL FROM FURTHER CONSIDERATION FOR MEMBERSHIP, OR IF THE PERSON HAS BEEN ACCEPTED INTO THE DEPARTMENT, TERMINATION OF MEMBERSHIP.

1. APPLICANT COMPLETES APPLICATION PACKET.
2. APPLICATION WILL BE REVIEWED FOR BACKGROUND CHECK AND THE APPLICANT WILL BE INTERVIEWED BY THE MEMBERSHIP COMMITTEE.
3. IF THE APPLICANT IS ACCEPTABLE AT THIS LEVEL, THE APPLICATION WILL BE GIVEN TO THE OFFICERS FOR REVIEW AND RECOMMENDATION FOR CONDITIONAL MEMBERSHIP.
4. UPON ACCEPTANCE FOR CONDITIONAL MEMBERSHIP, THE APPLICANT WILL UNDERGO DEPARTMENT MANDATED DRUG SCREENING AND PHYSICAL EXAMINATION. THE PHYSICAL EXAMINATION WILL BE CONDUCTED BY A PHYSICIAN SELECTED BY SEALY VOLUNTEER FIRE DEPARTMENT AND AT THE EXPENSE OF THE DEPARTMENT. THE DRUG SCREENING WILL BE DONE AT A FACILITY SELECTED BY SEALY VOLUNTEER FIRE DEPARTMENT AND AT THE EXPENSE OF THE DEPARTMENT.
5. THE APPLICANT WILL BE ACCEPTED FOR PROBATIONARY MEMBERSHIP BASED ON THE RESULTS OF THE DRUG SCREENING AND PHYSICAL EXAMINATION.
6. UPON ACCEPTANCE, THE PROBATIONARY MEMBER WILL BEGIN 6 MONTHS PROBATION.

SEALY VOLUNTEER FIRE DEPARTMENT

**P O BOX 736
SEALY, TX 77474
979/885-2222**

DEAR APPLICANT,

THANK YOU FOR YOUR INTEREST IN SEALY VOLUNTEER FIRE DEPARTMENT. WE ARE A COMBINATION DEPARTMENT WITH BOTH PAID/ VOLUNTEER FIREFIGHTERS, WITH A ROSTER OF APPROX 30 MEMBERS. OUR AVERAGE CALL VOLUME IS 350 CALLS ANNUALLY, CONSISTING OF EMS ASSISTS AND GOODWILL ASSISTS AS WELL AS FIRE RESPONSES.

OUR VOLUNTEERS ARE OUR MOST VALUABLE RESOURCE. WE STRIVE TO TRAIN, PROTECT, AND INSURE THEIR HEALTH AND WELL-BEING. IF SELECTED, YOU WILL BE PROVIDED WITH PERSONAL PROTECTIVE GEAR. YOU WILL ALSO RECEIVE TRAINING IN FIREFIGHTING, LIFE SAFETY, EXTRICATION, AND MUCH MORE. TO BECOME A FULLY FUNCTIONAL FIREFIGHTER IN THE DEPARTMENT USUALLY TAKES 2 YEARS OF EXTENSIVE TRAINING AND DEDICATION.

WE ARE LOOKING FOR PEOPLE WHO HAVE A SINCERE INTEREST AND WILLINGNESS TO SERVE OTHER PEOPLE WHO URGENTLY NEED THE SERVICE PROVIDED BY THE SEALY VOLUNTEER FIRE DEPARTMENT. REMEMBER --- WHEN SOMEONE CALLS 911 THEY DO NOT GET TO CHOSE WHOM IS COMING, THEREFORE YOU HAVE TO BE THE BEST. THIS IS NOT A SOCIAL CLUB. FIREFIGHTING IS ONE OF THE MOST DANGEROUS JOBS IN THE WORLD AND YOU MUST BE FULLY DEDICATED TO SAVING LIVES AND PROTECTING PROPERTY. THIS DEPARTMENT HAS RULES, REGULATIONS, POLICIES AND PROCEDURES THAT YOU MUST FOLLOW. WHEN THE ALARM SOUNDS, YOU MUST BE THOROUGHLY COMMITTED TO PERFORMING THE TASKS REQUIRED.

ENTRY INTO SEALY VOLUNTEER FIRE DEPARTMENT BEGINS WITH COMPLETION OF THIS APPLICATION PACKET. PLEASE COMPLETE ALL THE FORMS ENCLOSED AND RETURN THE ENTIRE PACKET TO A MEMBER OF THE MEMBERSHIP COMMITTEE. YOUR APPLICATION WILL BE REVIEWED BY THE MEMBERSHIP COMMITTEE AND BACKGROUND CHECKS WILL BE DONE. YOU WILL BE CALLED FOR AN INTERVIEW WITH THE MEMBERSHIP COMMITTEE WHEN THE BACKGROUND CHECKS ARE COMPLETED.

WE HAVE MEETINGS ON THE SECOND AND FOURTH TUESDAY NIGHT OF EACH MONTH. THE MEETINGS BEGIN AT 7:00PM AND LAST 2 - 3 HOURS. ALTHOUGH YOU CANNOT PARTICIPATE IN ANY TRAINING, WE ASK THAT YOU ATTEND AS MANY OF THESE MEETINGS AS POSSIBLE WHILE YOUR APPLICATION IS BEING PROCESSED.

SINCERELY,

Sealy VFD Membership