



# Volunteer Membership Application

## Section 1- Personal Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
          First                          Middle                          Last

Are you 18 years of age? Circle one: YES / NO      Citizen of US Circle one: YES / NO

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender: Circle one: Male / Female  
                          Mo/Day/Year

Address: \_\_\_\_\_ Street Apt# \_\_\_\_\_

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you lived out of the state of Texas in the past five years? Circle one: YES / NO

If yes, please list states or country: \_\_\_\_\_

Have you been convicted of any offence within the past five years? Circle one: YES / NO

If yes, please explain (attach additional pages as needed): \_\_\_\_\_

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Primary Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Circle one home / cell / work

Secondary Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Circle one home / cell / work

Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you current on all Immunizations? Circle one YES / NO

**\* Please provide a copy of your shot records**

Tell us how you learned about volunteer opportunities with West Carlisle Fire/EMS:

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

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## Section 2-A Texas Criminal History Record

You are responsible for any costs associated with obtaining these documents. You can call the Crime Records Services of the Texas Department of Public Safety. You can call their Office in Austin at 512-424-5079, option 5 for hours, location, and fees. Please allow up to two weeks for your request to be processed.

1. Provide us with an original of your Texas Criminal History Record ~ \$29.95
2. Provide us with an original fingerprint card~ \$9.95

## Section 2-B Driving Record

Obtain your driving record online through the Texas DPS website at a cost of ~ \$ 7.50. Please get a list of ALL Accidents and Violations in Record. (Type 3)

<https://www.texasonline.state.tx.us/tolapp/txldrctr/TXDPSLicenseeManager>

## Section 2-C Authorization for Driving Record and Criminal History Check

I hereby authorize the West Carlisle Fire/ EMS to check and review mu Driving Record and Criminal History.

These records are private and confidential and will be handled in accordance with the West Carlisle Fire/ EMS Records Management Policy.

I understand that this record check will be part of my permanent record with West Carlisle Fire / EMS.

I understand that as a member of West Carlisle Fire / EMS my Driving Record and Criminal History may be reviewed in a regular basis.

I understand while this is optional, failure to allow this check may lead to limited or prevention of my involvement or employment with West Carlisle Fire / EMS.

I understand that signing this does not waive Section A & B above which I am responsible to obtain.

I \_\_\_\_\_ Circle one: DO/DO NOT authorize the  
Print full name Driving Record and Criminal History.

\_\_\_\_\_  
Signature Date Signed \_\_\_/\_\_\_/\_\_\_

# Volunteer Membership Application

## Section 3 – Education and Civic Information

\_\_\_\_\_  
Member Applicants Name

### Education:

- High School Diploma /GED
- Some College
- Fire Academy
- Technical Degree
- Associate’s Degree
- Bachelor’s Degree or Higher
- Other- \_\_\_\_\_

Please describe any other training, specialized education, skills or abilities that you feel would enhance your application:

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

### Civic:

Please describe any civic or community service activities in which you have participated in that would make you stand out above other applicants:

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

Please describe any awards, honors, or distinctions that you have received:

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

Attach copies if diplomas, training certificates, awards or other applicable certificates that you feel will enhance your application as a volunteer member of West Carlisle Fire / EMS (see page 5 for a listing of some, but not all certificates that you may have.)

# Volunteer Membership Application

## Section 4- Certification information

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Member Applicants Name

**Fire and Medical Certifications:** Please mark **highst** certification level. Copies of certifications must be included with your application to prove completion of any of the following.

### **State Firemen's and fire Marshall Association:**

- None
- Module 1 (Intro)
- Module 2 (Basic)
- Module 3: Firefighter I (Completion)
- Module 4: Firefighter II (Advanced)
- Masters

### **Texas Commission on Fire Protection:**

- None
- Basic
- Intermediate
- Advanced
- Master

### **American Heart Association:**

- None
- CPR

### **Texas Department of State Health Services:**

- None
- ECA
- EMT-B
- EMT- I
- EMP-P/LP

### **FEMA ICS Courses**

<http://training.fema.gov/EMIWeb/IS/crslst.asp>

- IS-100 Introduction to Incident Command System
- IS-200 ICS for Single Resources and Initial Action
- IS-700 National Incident Management System MINS
- IS-800b National Response Plan NRP

# Volunteer Membership Application

## Section 5- Experience Information

\_\_\_\_\_  
Member Applicants Name

### Employment or Volunteer Experience

Current or most recent employer:

\_\_\_\_\_  
Dates employed from/to:

\_\_\_\_\_  
Position/ Title /Rank:

\_\_\_\_\_  
Job Requirements:  
\_\_\_\_\_

Previous Employer:

\_\_\_\_\_  
Dates employed from/to:

\_\_\_\_\_  
Position /Title/Rank:

\_\_\_\_\_  
Job Responsibilities:  
\_\_\_\_\_

Previous Employer:

\_\_\_\_\_  
Dates employed from/to:

\_\_\_\_\_  
Position /Title/Rank:

\_\_\_\_\_  
Job Responsibilities:  
\_\_\_\_\_

Please describe any previous fire EMS experience, including department names, your ranks or positions held in each organization.

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

# Volunteer Membership Application

## Section 6- Character References

\_\_\_\_\_  
Member Applicants Name

Please provide the names and contact information on three individuals (not family members).

Name:

\_\_\_\_\_

Phone Number: ( ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Name:

\_\_\_\_\_

Phone Number: ( ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Name:

\_\_\_\_\_

Phone Number: ( ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

# Volunteer Membership Application

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Member Applicants Name

## Requirements for the Position of Volunteer Firefighter

### **Qualifications**

1. Must be 18 years of age or older
2. Must possess a valid driver's license and auto liability insurance
3. Must have good driving record
4. Must have not felony conviction
5. Must be in good physical condition
6. No prior experience is required

### **Physical Requirements:**

1. Must be able to lift, move, and climb ladders
2. Must have ability to climb through rafters, on roofs, and through small spaces
3. Must be able to open and close valves and be able to advance with charged hose while discharging water
4. Must be able carry heavy loads up and down stairs
5. Must be able to run and drag hose
6. Must be able to hear alarms and respond
7. Must be able to effectively communicate via two-way radio and over the phone
8. Must be able to grasp and effectively use hand tools such as chain saws, pike poles, axe, rope, shovel, etc.
9. Be able to pass a physical agility test provided by West Carlisle Fire/EMS.

### **Other Requirements:**

1. Attend at least 40% of company training drills. These drills are held each Monday night from 7:30pm to 10pm, and occasionally on weekends.
2. Attend 25% of all emergency responses.
3. Participate in other department events as available. These events include, but are not limited to, community events, public education, picnics, fundraisers and events stand-bys.

## Requirements for EMS Providers:

### **Qualifications:**

1. Must be 18 years of age or older
2. Must possess a valid driver's license and auto liability insurance
3. must have good driving record
4. Must have no felony convictions
5. must be in good physical condition
6. No prior experience is required
7. Valid DSHS certificate

### **Physical Requirements:**

1. Under general supervision, perform skilled and technical work in operating and approved Emergency Medical Service unit for West Carlisle Fire/EMS, rescuing victims and administering basic and advanced emergency medical care to patients on site and while in route to hospitals.
2. Work involves responding to the scene of emergency and non-emergency calls applying necessary medical treatment to sick or injured persons, and transporting persons to a medical facility.
3. Performs in accordance with established emergency medical procedures and protocols approved by the local medical director. Must exercise considerable independent judgment to assess conditions of patients and administer appropriate medical treatment.
4. Work is subject to both inside and outside environmental conditions, extremes in temperatures, noise, vibrations, exposure to fumes, odors, dust, mists, gases, poor ventilation, and oils,
5. Due to the nature of the work, employee is exposed to human blood and is subject to the OSHA requirements on blood borne pathogens.
6. If certified, participants in firefighting activities to include driving/operation fire apparatus, operating various fire department equipment, fighting fires and patient extrications.
7. Work is performed under the supervision of and EMS supervisor.

## Volunteer Membership Application

Emergency Medical Services  
University Medical Center  
602 Indiana Ave  
Lubbock, Texas 79415  
(806) 775 9914

### Driver Acceptability and Continued Driving (County Services) West Carlisle Fire/EMS

During the course of working for your County EMS Service your Motor Vehicle Record will be reviewed periodically. If at any time your driving history deems you unacceptable to our insurance carrier or our departmental set policy, your coverage will be terminated and you will no longer be able to drive for the service. Moving violations, accident frequency (regardless of fault) and other violations will be considered.

Applicants Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo/Day/Year

\_\_\_\_\_  
Signature

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo/Day/Year

## Volunteer membership Application

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Member Applicants Name

READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND **ACCEPTANCE** BY SIGNING AND DATING IN THE SPACE BELOW.

1. I certify that all information provided by me in connection with my application whether on this document or not, is true and complete, and I understand that any misstatement, falsification, and/ or omission of information shall be grounds for dismissal from department.
2. I authorize any persons or organizations reference in this application to give you any and all information personal and/ or otherwise, with regard to any of the subjects covered by this application, and I release all parties from furnishing such information to you.
3. I have read and understand the physical requirements of volunteer firefighter. I can physically meet the requirements of the position. I understand that if I have a pre-existing medical condition, illness, or injury, that it is recommended by West Carlisle Volunteer Fire Department, Inc. and West Carlisle Fire/ EMS that I receive approval to participate in fire department activities from my personal physician.
4. I understand that, if acceptance to the department, my cost for the EMT portion of my training, as a member of the department, I understand that I am responsible for the cost of MY EMT books, my uniform boots, uniform pants, and EMT testing fees.
5. I understand there is no charge for the fire portion of the Academy and that is not a commissioned course.

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Signature

Date Signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_