West Carlisle Volunteer Fire Department

An Equal Opportunity/Affirmative Action Employer
121 Inler Ave. Lubbock TX. 79407
Phone: (806)797-0412

Membership Application Packet

_____	_____	_____
Member Applicant Name	Date	Date Received

Mark Position Desired

☐ Volunteer Firefighter

Please initial by each section to verify that you have read and understand its contents:

Contents

Section 1- Personal information……2___
Section 2- Texas Criminal History record……3___
Section 2- Driving Record……3___
Section 2- Authorization……...3___
Section 3- Education and Civic Information……4___
Section 4- Certification Information……5___
Section 5- Experience Information……...6___
Section 6- Character References……...7___
Section 7- Acknowledgement……...8___
Requirements for the Position of Volunteer Firefighter……...9___

Please be sure that your packet is complete, verify that you have reviewed it for completeness including necessary attachments. We apologize but, **applicant packets that are not complete may not be given consideration for membership.**
Allow the entire application period for the processing of your membership application. You will be notified by letter or email of your applicant status. The next step in this process will be a panel interview in which you will be notified by phone of your appointed time.

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
mo

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

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:

_____
_____
_____
_____

Volunteer Membership Application

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/txldrcdr/TXDPSLicenseeManager

Section 2-C Authorization for Driving Record and Criminal History Check
I hereby authorize the West Carlisle Fire/ EMS to check and review my 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 Volunteer Fire Department.

I understand that as a member of West Carlisle Volunteer Fire Department 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 Volunteer Fire Department.

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.

_____ Date Signed ___/___/___
Signature

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 of 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

_____

Member Applicants Name

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

State Firemen's and fire Marshal 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/crslist.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

_____
Member Applicants Name

Requirements for the Position of Volunteer Firefighter

Qualifications

1. Must be 18 years of age or older
2. Must posses 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 7:00pm 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.

Volunteer Membership Application

_____
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 the department.

2. I authorize any persons or organizations referenced 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 a 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 there is no charge for the fire portion of the Academy and that is not a commissioned course.

_____ Date Signed____/____/____
Signature