

LAKE JACKSON VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP
10 Oak Dr. Lake Jackson, TX. 77566

Dear Prospective Member:

Thank you for your interest in becoming a member of the Lake Jackson Volunteer Fire Department.

The level of commitment required for our members is unlike any other volunteer organization, however the rewards are unique and satisfying. This letter briefly describes the membership categories and the basic requirements for our members. We encourage you to contact one of our Operational or Administrative Officers to learn more about our role in the community and the level of commitment expected of our members *before* you commit your time and talent to your community by becoming an active member of our department.

The Lake Jackson Volunteer Fire Department is a Texas nonprofit corporation chartered in 1943. Its purpose is to provide fire fighting, fire prevention, rescue and any other activity which affects the safety of the inhabitants of the City of Lake Jackson and the neighboring areas.

The Lake Jackson Volunteer Fire Department has two types of membership:

REGULAR MEMBERSHIP: A firefighting member who is at least eighteen years of age and resides or works within the primary response area. Must complete a six-month probation period in which he/she will be considered a conditional regular member. A regular member must complete an academy training class within one year of the date of application.

ASSOCIATE MEMBERSHIP: A non-firefighting member who is at least twenty-one years of age. Must complete a six-month probationary period in which he/she will be considered a conditional associate member. During the probationary period he/she must attend three regular business meetings. After completion of conditional status, the associate members must attend forty percent of all business meetings per quarter. Associate members will need to support business hours fire/emergency calls and attend training drills.

Meetings and trainings are held at Fire Station #1 every Wednesday at 1800 hours.

The Lake Jackson Volunteer Fire Department provides a Pension program to Firefighter members with good standings. Must be 18 years old to participate in the pension system; • Must have a certification on physical fitness to perform emergency or support services to earn creditable service; and • Are subject to any probationary period that a department may set by policy, not to exceed 6 months. At 10 years you are 50% vested and at 15 years you are 100% vested.

Details of Pension will be described upon completion of membership as active member.

The Lake Jackson Volunteer Fire Department also provides membership to you and your immediate family members at the City's Rec Center.

Thank you once again for your interest in becoming a member of the Lake Jackson Volunteer Fire Department. Your application will be taken into consideration by both our Board of Inquiry and regular voting members. You will be notified once your application has been processed.

Sincerely,
Membership Committee

LAKE JACKSON VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Name: (Last, Middle, First)	Date of Birth:
Address: (Street, City)	Social Security Number:
	Subdivision:
Home #:	Cell/pager #:
Work #:	Email Address:

Race: (optional)	Gender:	Weight:	Height:
Hair:	Eyes:	Scars:	

Driver's License #:	State:	Type/Class:
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TYPE OF MEMBERSHIP

Which LJVFD membership type do you have an interest in pursuing?

<input type="checkbox"/> REGULAR MEMBERSHIP [Fire Suppression (Firefighter/First Responder)] (21 years of age or older)
<input type="checkbox"/> ASSOCIATE MEMBERSHIP (21 years of age or older)
<input type="checkbox"/> 18 years of age with Fire-1 Certificate & registered with the State

EMERGENCY CONTACT INFORMATION (in case of accident and/or injury)

Name:	Relationship:
Address:	Work Phone:
Street, City, State, Zip:	Home Phone:
Doctor Name:	Doctor Phone:

FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE

List previous **fire organization** membership and **fire fighting** training with inclusive dates:

Organization:	How Long:
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Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	
Organization:	How Long:
Address:	Supervisor:
Date you entered:	Supervisor's Telephone:
Date you left:	
Reason you left:	
Rank or Positions Held:	

List previous Emergency Medical Service affiliation and training with inclusive dates (list highest level of training, expiration date of certification and organization):
#1:
#2:
#3:

REFERENCES

Please list **three**-character references

Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	

CRIMINAL HISTORY

Within the last three years have you been convicted of a Felony or Misdemeanor including moving traffic violations?

YES NO

Do you have a Felony or Misdemeanor Case (including moving traffic violation) pending?

YES NO

Have you ever forfeited a bond?

YES NO

If YES to the criminal history questions, explain in detail below (use additional sheet of paper if needed)

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MEDICAL HISTORY

Have you ever been diagnosed as, or been treated for having any of the following?

Diabetes	Cardiovascular Problems (heart disease)
Emphysema	Cerebrovascular Accident (Stroke)
Tuberculosis	Hypoglycemia (Low Blood Sugar)
Epilepsy	Eyesight Defects Corrected?
Cerebral Palsy	Hearing Defects Corrected?
Nervous Disorders	Lifting Restrictions

Do you have a physical or mental disorder which may impair your ability as a fire fighter or first responder?

If YES to any of these questions, explain in detail (use additional paper if needed).

Please read and sign:

I, _____ hereby make application for membership in the Lake Jackson Volunteer Fire Department.

I HEREBY AFFIRM THAT ALL THE FOREGOING STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT. IT IS UNDERSTOOD THAT A FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OR, IF APPLICATION IS APPROVED, DISMISSAL FROM THE LAKE JACKSON VOLUNTEER FIRE DEPARTMENT.

SIGNATURE OF APPLICANT: _____ DATE: _____

For your membership application to be complete (BEFORE you turn it in), you must:

- Provide all information requested in this application including signature (use N/A when an item is 'not applicable' to you)
- Complete Authorization to Release Information Form (Notarized)
- Contact an Officer of the Department to discuss membership requirements

How did you hear about us? (for example, Friend / Local Posting / Webpage)

FOR DEPARTMENT USE ONLY

Date Application Received:	
Application Received By:	
Department Interviewers:	
Background Check Conducted:	
Background Check Results / Date:	
Police Record:	
References Checked By:	
Physical report:	

Type of Membership:		
<input type="checkbox"/> Regular	<input type="checkbox"/> Associate	<input type="checkbox"/> Under 21

Date Presented to Board of Inquiry:	
Board of Inquiry Decision:	

Date Presented to body for Membership:	
Membership Decision:	

Probation start date:	
Date voted in as member:	

**LAKE JACKSON VOLUNTEER FIRE DEPARTMENT
MEMBERSHIP APPLICATION
AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby request and authorize you to furnish the Lake Jackson Police Department and the Lake Jackson Volunteer Fire Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility as a Member of the Lake Jackson 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 Volunteer Fireman.

Applicants Signature _____, date _____