

BRIAROAKS VOLUNTEER FIRE DEPARTMENT, INC.

GENERAL INFORMATION:

The Briaroaks Volunteer Fire Department provides Fire Protection and Emergency Medical Services to a population of approximately 9000 people living in an area of 35 square miles. The department is incorporated in the State of Texas and is recognized as a 501C-3 exempt organization by the Internal Revenue Service. The department responds to approximately 500 calls for service each year, most of which are medical calls. Primary funding for department operations is received through the Johnson County Emergency Services District. The department holds numerous fundraisers throughout the year and also operates a charitable bingo facility in Cleburne, Texas. All equipment and training will be provided, and all members are covered by worker's compensation and supplemental insurance.

REQUIREMENTS FOR MEMBERSHIP:

1. Must reside in Johnson County, Texas
2. Must be at least twenty-one years of age
3. Must have a high school diploma or GED
4. Must not have any felony convictions
5. Must not have any misdemeanor convictions class "B" or higher within last 5 years
6. Must have acceptable background investigation
7. Must be voted on by 2/3 of membership present at any regular meeting

REQUIREMENTS TO MAINTAIN MEMBERSHIP:

1. Unless excused by Chief, must attend all regular scheduled meetings
2. Must maintain acceptable levels of response to calls for service
3. Must actively participate in the duty crew system (occasional overnight shifts)
4. Must meet department training requirements (initial, annual, and continuing education)
5. Must adhere to all rules and regulations of the department
6. Must maintain acceptable driving record
7. Must maintain liability insurance on personal vehicles

APPLICATION PROCESS:

1. Initial Application read at regular meeting (applicant attendance required)
2. Application read at two more consecutive meetings (applicant attendance required)
3. Background investigation completed during reading process
4. At 3rd and final reading, application presented to membership for voting
5. If approved, applicant will be considered as a probationary member for 90 days
6. Following successful completion of the probationary period, the application will be voted on again for regular member status.

BRIAROAKS FIRE DEPARTMENT
MEMBERSHIP APPLICATION

PERSONAL INFORMATION

NAME: _____
 Last First Middle

ADDRESS: _____
 Number Street City State Zip

HOME PHONE: _____ MOBILE PHONE: _____

WORK ADDRESS: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: ____ - ____ - ____

DRIVER'S LICENSE #: _____ STATE: ____ TYPE: _____

HEIGHT: ____ WEIGHT: ____ EYE COLOR: ____ HAIR COLOR: ____

PRIOR RESIDENCES: List all addresses where you have lived during the past 10 years.

<u>DATES</u>	<u>ADDRESS</u>
_____	_____
_____	_____

WORK HISTORY: List all employers during the last five years beginning with the most recent.

1. From: _____ To: _____ Employer: _____
City: _____ State: _____ Phone #: _____
Title: _____ Supervisor: _____
2. From: _____ To: _____ Employer: _____
City: _____ State: _____ Phone #: _____
Title: _____ Supervisor: _____
3. From: _____ To: _____ Employer: _____
City: _____ State: _____ Phone #: _____
Title: _____ Supervisor: _____

BRIAROAKS FIRE DEPARTMENT
MEMBERSHIP APPLICATION

EDUCATION HISTORY

High School: _____ Last Grade Completed: 9 10 11 12

Diploma received: YES NO (Circle one)

G.E.D. received: YES NO (Circle one)

College attended: _____ Major: _____

Semester hours completed: _____ Degree Received: _____

SPECIAL QUALIFICATIONS & SKILLS

List any specialized training completed: (Firefighting, Police, Medical, Military, Diving etc.)

List any special licenses held.

Can you operate any specialized machinery or equipment?

Can you fluently speak or write any foreign language?

MARITAL & FAMILY HISTORY

Marital Status: _____ Spouse's Name: _____

Any children _____ How many children live with you? _____

Children's names and ages: _____

Emergency Contact Information:

Name: _____ Phone #: _____

Address: _____ City: _____ State: ___ Zip: _____

**BRIAROAKS FIRE DEPARTMENT
MEMBERSHIP APPLICATION**

CRIMINAL HISTORY

Complete the following if you have ever been arrested

Offense: _____ Date: _____ Agency: _____
Disposition: _____

Offense: _____ Date: _____ Agency: _____
Disposition: _____

Offense: _____ Date: _____ Agency: _____
Disposition: _____

Have you ever been a party in a civil suit? _____

If so, explain the basis of the suit, the disposition, and your degree of involvement:

Have you ever been on probation or parole? _____

If yes, give dates: _____ to _____

DRIVING HISTORY

Has your Driver's License ever been suspended or revoked? _____

If so, when and for what reason? _____

Do you currently have liability insurance on your vehicle(s)? _____

Company name: _____ Phone #: _____

List to the best of your memory all traffic citations received during the last five years.

Include, date, type, and disposition:

List all accidents you have been involved in during the last five years. Provide details as to fault and circumstances.

BRIAROAKS FIRE DEPARTMENT
MEMBERSHIP APPLICATION

MEDICAL HISTORY

List all periods of hospitalization in the last ten years.

Do you have physical handicaps or disabilities? _____

If so, explain: _____

Have you ever received Worker's Compensation or any other disability insurance? _____

If so, explain: _____

Are you currently taking any prescription medications? _____

If so, for what conditions? _____

REFERENCES

List five persons other than relatives who know you well enough to provide current information about you.

Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Work Phone: _____

Years Known: _____

Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Work Phone: _____

Years Known: _____

Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Work Phone: _____

Years Known: _____

Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Work Phone: _____

Years Known: _____

Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____ Work Phone: _____

Years Known: _____

**BRIAROAKS FIRE DEPARTMENT
MEMBERSHIP APPLICATION**

PERSONAL DECLARATIONS

Describe your extent and use of intoxicating beverages.

Have you ever used marijuana? _____ If so, when? _____

Have you ever used any controlled substance not prescribed by a physician? _____
If so, when, and to what degree? _____

Have you ever furnished any controlled substance to anyone? _____ If so, when, and
why? _____

Do you have any religious or other beliefs that would prevent you from fully performing the
duties of a firefighter, including responding to calls on weekends or nights? _____ If so,
explain _____

Have you ever made application to this or any other fire department? If so, list the
department(s) and date(s). _____

I Hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and application, and the answers provided are true and complete to the best of my knowledge. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of application or termination of membership.

Applicant's Signature

Date of Application

BRIAROAKS FIRE DEPARTMENT
MEMBERSHIP APPLICATION

RECORD SHEET

DATE RECEIVED: _____ BY: _____

DATE OF 1ST READING: _____

DATE OF 2ND READING: _____

DATE OF 3RD READING: _____

VOTING RECORD

MOTION MADE BY: _____ MOTION SECONDED BY: _____

ACCEPTED AS A PROBATIONARY MEMBER ON: _____

IF REJECTED, STATE REASON: _____

90 DAY REVIEW

MOTION MADE BY: _____ MOTION SECONDED BY: _____

ACCEPTED AS A REGULAR MEMBER ON: _____

IF REJECTED, STATE REASON: _____

FIRE CHIEF: _____ DATE: _____

**Briaroaks Fire Department
515 Ward Lane
Burleson, TX 76058
(817)-295-9539**

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____, hereby request and authorize you to furnish the Briaroaks Fire Department with any all information they may request concerning my work record, educational history, military record, 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 information, if requested. This information will be used in determining my eligibility for employment as a Volunteer Employee for the Briaroaks Fire Department.

I hereby release you and your organization from all liability which may or could result from furnishing this information requested above or from any subsequent use of such information in determining my qualifications to serve as a Firefighter for the Briaroaks Fire Department.

Signed: _____

Date:

Subscribed and sworn before me this _____ day of
_____ 20____.

Notary: _____

Notary Public in and for The State of Texas
My Commission expires: _____

Seal

Date: _____

Applicant Name: _____

Email: _____

Fire Department: _____

Department: _____

EMS Administrator: _____

Chief Officer: _____

Print: _____ Signature: _____

Permitted EMS Levels

Purpose: The purpose of this policy is to set minimum requirements to work under permitted levels within JCESD protocols. This will set a minimum standard of patient care across the Johnson County ESD # 1 Departments. This will provide a unified standard of care within Johnson County ESD # 1 service area.

Scope: All first responding agency and Ambulance services that are contracted to provide patient care with Johnson County ESD # 1.

Protocol: All JCESD #1 Department EMS Administrators will ensure that this is implemented and current documentation is on file with the JCESD #1.

First Responder

Emergency Care Attendant (ECA)

Emergency Medical Technician (EMT-B)
A. IV/IO

Emergency Medical Technician-Intermediate (EMT-I)

Emergency Medical Paramedic (EMT-P)
A. Rapid Sequence Intubation (RSI)
B. Continues Positive Airway Pressure (CPAP)
C. Surgical Airway

Field Training Officer

EMS Administrator

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	