

## **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 1000 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.

### **SECTION 1 - BASIC REQUIREMENTS FOR MEMBERSHIP:**

1. Must reside in Johnson County or Tarrant County, Texas
2. Must be at least 21 years of age
3. Must have a high school diploma or GED
4. Must not have any felony convictions
5. Must not have any class "B" or higher misdemeanor convictions within last 5 years
6. Must have acceptable background investigation and driving record
7. EMS only applicants must have Texas EMT-B or above certification
8. Firefighter applicants must attain Texas EMR or above certification within 6 months

### **SECTION 2 - MAINTAINING ACTIVE MEMBERSHIP:**

1. Unless excused, must attend all regular scheduled meetings
2. Must maintain acceptable level of participation
3. Must respond as part of assigned shift unless exempt or on approved trade
4. Must meet department training requirements (initial 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
8. Must continue to meet all basic requirements for membership as outlined in Section 1 above

### **APPLICATION PROCESS:**

1. Initial Application read at three consecutive meetings (attendance strongly recommended)
2. Background investigation completed during reading process
3. Must complete initial membership training requirements (NIMS 100, 200, 700, 800, CTBS)
4. At 3rd and final reading, application presented to membership for voting
5. If 2/3 approve, applicant will be voted on 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: \_\_\_\_\_

POSITION APPLYING FOR (Circle one):    FIREFIGHTER                    EMS RESPONDER

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

DATES	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

**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: \_\_\_\_\_

**BRIARROAKS 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(s) 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: \_\_\_\_\_  
Number of children \_\_\_\_\_ How many children live with you? \_\_\_\_\_  
Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**CRIMINAL, CIVIL, & DRIVING HISTORY**

Complete the following if you have ever been arrested

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 \_\_\_\_\_  
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 all traffic citations received during the last five years. Include, date, type, and disposition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BRIARROAKS FIRE DEPARTMENT**

**MEMBERSHIP APPLICATION**

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

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**MEDICAL HISTORY** List all periods of hospitalization in the last ten years.

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Do you have any physical conditions that would hinder your ability to perform the essential job functions of the position for which you are applying? \_\_\_\_\_ 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 up to five persons other than relatives who know you well enough to provide current information about you.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Years Known: \_\_\_\_\_

**PERSONAL DECLARATIONS**

Describe your extent and use of intoxicating beverages \_\_\_\_\_

Have you ever used marijuana? \_\_\_\_\_ If so, explain: \_\_\_\_\_

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? \_\_\_\_\_

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

**BRIAROAKS FIRE DEPARTMENT**

**MEMBERSHIP APPLICATION**

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. I am aware that the department may conduct standard testing to include job-specific fitness evaluations, drug screening, medical examinations, etc. I understand that such testing is necessary to determine my fitness to perform the required job duties of the position for which I am applying and that failure to successfully pass any required tests will be grounds for removal from active duty and possibly termination of membership.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

**BRIAROAKS FIRE DEPARTMENT**

**MEMBERSHIP APPLICATION**

**APPLICATION STATUS SHEET**

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE OF 1ST READING: \_\_\_\_\_

DATE OF 2ND READING: \_\_\_\_\_

DATE OF 3RD READING: \_\_\_\_\_

TRAINING COMPLETED: NIMS 100 \_\_\_ 200 \_\_\_ 700 \_\_\_ 800 \_\_\_ CTBS \_\_\_

**PROBATIONARY STATUS VOTING RECORD**

MOTION MADE BY: \_\_\_\_\_ MOTION SECONDED BY: \_\_\_\_\_

ACCEPTED AS A PROBATIONARY MEMBER ON: \_\_\_\_\_

IF REJECTED, STATE REASON: \_\_\_\_\_

OFFICER IN CHARGE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REGULAR MEMBER STATUS 90 DAY REVIEW**

MOTION MADE BY: \_\_\_\_\_ MOTION SECONDED BY: \_\_\_\_\_

ACCEPTED AS A REGULAR MEMBER ON: \_\_\_\_\_

IF REJECTED, STATE REASON: \_\_\_\_\_

OFFICER IN CHARGE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BRIAROAKS FIRE DEPARTMENT**

**MEMBERSHIP APPLICATION**

**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 membership on 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 member of the Briaroaks Fire Department.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_