



Volunteer Fire Department Application/San Jacinto County First Responder  
51 E. Pine Ave  
Monday-Friday 8-5

Membership Application Packet  
Welcome!

This membership application is required to join the San Jacinto County Volunteer Fire Departments and San Jacinto County First Responders

Volunteer Fire Departments have three levels of membership: Active, Junior, and Auxiliary,

- An Auxiliary member may attend Business and Board meetings and also be involved with certain public activities such as fundraisers and public education,
- An Active member will perform duties in emergency operations such as fire suppression, rescue, etc. The Active member is required to attend Business and Training meetings. The Active member may also attend Board meetings if desired. Active members may also hold positions as Officers for the Fire Department and or hold positions on the Board of Directors.
- A Junior member can perform the duties of an Auxiliary member. Junior members must be 16 years of age to be accepted and with parent/guardian consent. Junior members are not eligible to vote or hold office.

No previous training or experience is required. Volunteer Fire Department/San Jacinto County First Responders will provide the appropriate guidance and training, as necessary. Once accepted into Volunteer Fire Departments/San Jacinto County First Responders there is a Probationary period. This is a time for the department to evaluate you and for you to evaluate the department. You are encouraged to participate as much as possible during this time so that you understand what type of commitment is involved with being a volunteer.

Your interest in joining the fire department and serving your community is appreciated. The public service nature of our operation requires that we carefully screen applicants; your honest and careful completion of this application is required.

Please complete the application and attach all required paperwork. Attach any appropriate certification or letter that may assist the membership review committee in the decision-making process.

Upon completion of these items, you may submit your application to the department's recruiter or Office of Emergency Management and it will be passed on to the respective department. If your application is accepted, you will be called in for an interview after your interview phase you will start your probation period. At the end of this period the membership review committee will vote on your approval into the Department.

If you have any questions or concerns throughout the application process, you may contact your local Fire Department: 980 North Volunteer Fire Department (832-776-8778), Oakhurst VFD (936-581-6410), Waterwood VFD (936-827-8233), Point-Blank (936-355-6296), Cape-Area VFD (936-653-3473), Coldspring VFD (832-508-0291), Punkin-Evergreen VFD (832-477-3619), Camilla VFD (936-523-0718), Bear Creek VFD (832-401-5287), Shepherd VFD (936-628-6566), San Jacinto County First Responders (806-759-2196)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Volunteer Fire Department/San Jacinto County First Responder and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school college, university, or other educations institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it. I am furnishing my Social Security Account

Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

NOTARY SEAL

Sworn to and signed before me, on this the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, in and for \_\_\_\_\_ County, in the state of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



SECTION III. EMERGENCY CONTACT INFORMATION

Primary:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

Secondary: (if applicable)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

SECTION IV. EDUCATION INFORMATION

HIGH SCHOOL DIPLOMA  YES  NO

G.E.D OR EQUIVALENT  YES  NO

*You must have a high school diploma or equivalent education.*

COLLEGE  YES  NO YEARS ATTENDED: \_\_\_\_\_

DEGREE(S): \_\_\_\_\_

*You may be required to provide copies of diploma or transcripts.*

MILITARY SERVICE  YES  NO IF YES, HOW LONG? \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

*You may be required to provide a copy of your discharge papers or DD form 214.*



Volunteer Fire Department/San Jacinto County First Responder  
Application for Membership

Medical Statement & Questionnaire

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

MEDICAL DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_

DATE OF LAST PHYSICAL: \_\_\_\_\_

Please describe, in your own words, the general state of your physical health and mental well-being.

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Firefighting can be physically and emotionally stressful. Do you have any condition or disability that might prevent or restrict your activities?     YES     NO    If yes, please explain:

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**Volunteer Fire Department/San Jacinto County First Responder  
Application for Membership  
Medical Statement and Questionnaire**

Review each item, checking "Yes" or "No" as appropriate. Please explain any answer marked "yes"

	Yes	No
1. Are you blind in either eye?		
2. Do you wear glasses or contact lenses?		
3. Have you had a tetanus shot? If yes, last date:		
4. Have you ever lived with anyone who had tuberculosis?		
5. Are you allergic to bee, wasp, or ant sting?		
6. Have you ever attempted suicide?		
7. Have you ever bled excessively after injury or tooth extraction?		
8. Are you taking any medication for a chronic condition?		
9. Have you used illegal drugs in the last year?		
10. Have you ever been treated for a mental condition?		
11. Have you ever been denied life or health insurance?		
12. Have you ever been advised to have any medical procedure or surgery?		
13. Do you have a sensitivity to dust, sunlight, or chemicals?		
14. Have you been hospitalized within the last year?		
15. Have you been treated by a doctor or practitioner within the last year?		
16. Are you able to lift objects up to 70 lbs?		
17. Have you ever coughed up blood?		
18. Have you ever been exposed to or checked positive for HIV?		
19. Do you smoke? If yes, how much per day?		
20. Have you ever been knocked out or lost consciousness?		



Have you ever had?	Yes	NO	?		Yes	NO	?
Swollen or painful joints				Leg cramps			
Rheumatic fever				Frequent indigestion			
Dizziness or fainting				Gallstones			
Eye trouble				Jaundice or hepatitis			
Ear, nose or throat trouble				Stomach or intestinal trouble			
Hearing loss				Broken bones			
Severe headache				Tumor, cyst, or growths			
Chronic colds				Scarlet fever			
Blood, albumen or sugar in urine				Nervous trouble of any kind			
Sinus trouble				Rupture or hernia			
Emphysema or bronchitis				Piles or rectal trouble			
Skin disease				Kidney stones			
Thyroid trouble				Communicable disease			
Head injury				Arthritis or bursitis			
High blood pressure				Asthma			
Low blood pressure				Loss of finger or toe			
Shortness of breath				Chronic back pain			
Pain or pressure in chest				Foot or knee trouble			
Chronic cough				Neuritis or nerve inflammation			
Heart trouble				Paralysis			
Tuberculosis				Tooth or gum trouble			
Recent gain or loss of weight				Trick knee, elbow or shoulder			
Adverse reaction to drugs or serum				Loss of memory or amnesia			
Frequent or painful urination				Palpitation or pounding heart			
Liver trouble				Received HEP B Vaccine			
Epilepsy or seizures				Trouble sleeping			
Diabetes				Depression or anxiety			
Unconsciousness or fainting				Fear of heights			
Cancer				Claustrophobia			
Motion sickness				Other phobias			

Please include any other information that may be of importance. You may be required to provide a doctor's statement confirming your physical ability to function as a firefighter.

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If you answered yes, to any of the listed question in your medical questionnaire please explain.

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## Volunteer Fire Department/San Jacinto County First Responder

### Application for Membership

The Fire Department will check with the proper authorities concerning your driving record and criminal history, if any. A poor driving record and/ or certain criminal histories could be cause for rejection of your application, however, each case will be considered individually depending on the circumstances involved.

YOU'RE DRIVING AND CRIMINAL RECORDS ARE CONFIDENTIAL. only those people directly involved in the application and eligibility process will have access to this information.

Upon completion of the application, you are required to attach the following;

- A COPY OF YOUR CRIMINAL HISTORY AND A COPY OF YOUR DRIVING RECORD FROM THE DEPARTMENT OF PUBLIC SAFETY. *Will be completed by CVFD recruiting department.*
- A COPY OF YOUR VALID STATES OF TEXAS DRIVER'S LICENSE OR STATE ID CARD
- A COPY OF YOUR PERSONAL AUTO LIABILITY INSURANCE
- A COPY OF THE MEDICAL STATEMENT AND QUESTIONNAIRE

The Membership review committee might ask questions regarding your health and or require you to have a physical.

Any member in good standing may make recommendations concerning your application, however, the membership review committee will make the final decision on approval or rejection of your eligibility.

CERTIFICATION

I hereby certify that I have personally completed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

\_\_\_\_\_  
Signature of Applicant

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

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary public in and for, State of \_\_\_\_\_ My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

Notary Seal or Stamp:

\_\_\_\_\_  
Signature of Notary