

Hays County ESD #6

P.O. Box 1237

400 Sportsplex Dr.

Dripping Springs, TX 78620

Phone: 512-894-0704 – Fax: 512-894-0705

VOLUNTEER MEMBERSHIP APPLICATION

Date: _____

Name: _____
Last First Middle.

Date of Birth: _____
Mo/Day/Year

Social Security Number: _____ - _____ - _____

Single() Married()

ADDRESSES

Mailing Address

Physical Address (if different)

Rd. or PO: _____

City: _____

State: _____

Zip Code: _____

Previous address if less than a year at current address:

Rd. or PO Box: _____

City: _____

State: _____

Zip Code: _____

COMMUNICATIONS

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Personal Pager #: _____

E-Mail address: _____

Fax #: _____

IN CASE OF EMERGENCY CONTACT

Name: _____

Phone #: _____

Address: _____ Relation: _____

EMPLOYMENT INFORMATION

Employer: _____

Employer's address: _____

Employer's Phone: _____

Supervisors Name: _____ Years employed: _____

Occupation/Position: _____ Work: Days () Nights ()

Normal hours of work: _____

FAMILY INFORMATION

Spouse's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

REFERENCES

Please list three personal references that are not family members:

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

FIRE DEPARTMENT HISTORY

Have you ever been a member of any other Fire Department? Yes () No ()

Department Name: _____ Phone #: _____

Address: _____

Fire Chief: _____ No. Of years:

What position, rank or classification did you attain? _____

Do you have a copy of your training records Yes () No (). If yes, attach a copy.

Reason for Leaving: _____

EMS Certification ECA() EMT-B() EMT-I() EMT-P() State: ____ Expires: ____

CPR certified Yes () No () Expires: _____

Please attach a copy of your current EMS or CPR certification to this application.

List any special licenses you hold (Pilot, Radio Operator, SCUBA etc.)

List any specialized machinery or equipment, which you are trained to operate:

List any other specialized training that you may have (Search and Rescue, Foreign Languages, Confined Space, etc.)

LEGAL RECORDS

Drivers License #: _____ Class: _____ Exp: _____

Has your driver's license ever been suspended or revoked? _____

If yes, give date, location and reason: _____

Have you ever been convicted of a felony? Yes () No ()

If yes, explain what offense and disposition: _____

Are you on parole or probation at this time? Yes () No ()

Officer's name: _____ Phone#: _____

MEDICAL HISTORY

Height: _____ Weight: _____ Blood type: _____

Known Allergies: _____

List any medications you take regularly: _____

List any medical conditions that should be considered relative to active duty with the Fire Department. (i.e. inability to lift, breathing difficulties, cardiac problems, high blood pressure, diabetes, or any other chronic conditions) _____

Have you ever been referred to or are you presently seeing a physician or psychologist for psychological problems?(depression, mania, psychosis etc.) If yes, explain: _____

MOTIVATION

Why do you want to become a member of this Fire Department? _____

STATEMENT OF ACCEPTANCE

I understand and agree that:

The persons, employer, and organizations named in this application are authorized by me to verify information I have provided and to provide the North Hays County Volunteer Fire Department with any other information that may be required to make a membership decision.

I authorize a thorough investigation of the statement of facts made in this application. I understand that a criminal record investigation may be made by the Fire Department. I further understand that a DPS driver's license search will be conducted and that a poor driving record, or criminal record may be grounds for membership rejection.

Any misrepresentation or deliberate omission of a fact in my application or interview shall be grounds for refusal of my membership application; or if a member, shall be grounds for termination of my membership. I also understand that a doctor's statement may be required as a condition of membership.

I understand that as a member and representative of the North Hays County Volunteer Fire Department, I am expected to conduct myself in a manner befitting a member of this Department, while on duty, while officially representing the Department or while wearing or using property identifiable as belonging to the Department.

I do hereby make application to join the North Hays County Volunteer Fire Department. I certify that all information given above is correct and truthful to the best of my knowledge. I agree to uphold all policies and operating procedures that are in effect.

Applicants Signature: _____ Date: _____

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APPLICATION REVIEW AND INTERVIEW

Application review conducted by: _____ Rank: _____

Date Interview Conducted: _____

Recommend : Application be accepted () Application needs further review ()

Application not accepted () Reasons: _____

Name: _____ Signature: _____ Date: _____

12/4/2009

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM 502 – PERSONNEL RECORD

MAIL THE ORIGINAL OF THIS FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE OR FAX TO 512-936-3480.
THE DEPARTMENT RETAINS THE CERTIFICATE OF PHYSICAL FITNESS FOR THE FOLLOWING TESRS MEMBER:

DEPARTMENT NAME			
1. MEMBER INFORMATION:			
NAME (Last, First, MI)			
MAILING ADDRESS		DATE OF BIRTH	
CITY STATE ZIP		SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PHONE NO		MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
EMAIL ADDRESS			
2. SERVICE INFORMATION:			
MEMBER ENTRY DATE INTO THE DEPARTMENT:			
MEMBER ENTRY DATE INTO THE PENSION SYSTEM:			
DATE OF CERTIFICATION OF PHYSICAL FITNESS:			
3. PRIOR SERVICE INFORMATION:			
ANY PRIOR SERVICE IN A DEPARTMENT THAT PARTICIPATES IN TESRS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DEPT NAME:	
4. PRIMARY BENEFICIARIES: (If married and designating any beneficiary other than spouse, complete Spousal Consent below.)			
NAME (Last, First, MI)	RELATIONSHIP	LUMP SUM DEATH % (TOTAL MUST EQUAL 100%)	DATE OF BIRTH
5. SECONDARY BENEFICIARIES: (Benefits will only be paid to secondary beneficiaries if all Primary Beneficiaries are deceased.)			
NAME (Last, First, MI)	RELATIONSHIP	LUMP SUM DEATH % (TOTAL MUST EQUAL 100%)	DATE OF BIRTH
6. MEMBER'S SIGNATURE:			
BY MY SIGNATURE, I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.			
I acknowledge that the above beneficiary designations revoke all previous TESRS beneficiary designations, if any, and any lump sum death benefits due be paid to the person(s) named above at the percentages I have assigned.			
X			DATE OF SIGNATURE
7. SPOUSE'S CERTIFICATION OF MARITAL STATUS AND SPOUSAL CONSENT:			
SPOUSE: By my signature, I certify that I am married to the member named above. I give my consent to the beneficiary designations made by my spouse as delineated above.			
SIGNATURE	PRINTED NAME	DATE OF SIGNATURE	
X			
8. CERTIFICATION BY PARTICIPATING DEPARTMENT HEAD			
SIGNATURE	PRINTED NAME	DATE OF SIGNATURE	
X			