



SPEEGLEVILLE VOLUNTEER FIRE DEPARTMENT

Mailing Address:
PO Box 23586 • Waco, TX 76702

Physical Address:
139 N. Speegleville Road • Waco, TX 76712

Dear Prospective Member:

Thank you for your interest in becoming a member of the Speegleville Volunteer Fire Department (SVFD). 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 and the basic requirements for our members. We encourage you to contact one of our 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 Speegleville Volunteer Fire Department is a Texas nonprofit corporation chartered in 1969. Its purpose is to provide firefighting, fire prevention, emergency medical services, rescue and any other activity which affects the safety of the inhabitants of the community of Speegleville and the neighboring areas.

A firefighting member must be at least eighteen (18) years of age, or seventeen (17) years of age with a High School Diploma or equivalent, and reside within the primary response area. As a prospective member, you must attend a minimum of three (3) meetings in a two (2) month period and complete the following no-cost online courses, shown on the next page, to have your application taken into consideration. On your third meeting, or once you complete all courses and provide Certificates of Completion, your application will be taken into consideration by our regular voting members. Once a conditional member, you must complete a minimum three (3) month probationary period. Any member under the age of eighteen (18) will be on a probationary status until that member becomes eighteen (18) at which point, the department standard minimum three (3) month probationary period begins. During the probationary period you must attend fifty percent of all departmental meetings.

Meeting and trainings are held at Speegleville Fire Station on the first and third Wednesday of each month at 7:00 p.m.

Thank you once again for your interest in becoming a member of the Speegleville Volunteer Fire Department.

You will need to register with each organization below. Certifications needed to be submitted with membership application are:

<https://training.fema.gov/nims/>

- *ICS-100: Introduction to the Incident Command System (ICS-100)*
- *ICS-200: Basic Incident Command System for Initial Response*
- *ICS-700: National Incident Management System, An Introduction*
- *ICS-800: National Response Framework, An Introduction*

https://www.fireherolearningnetwork.com/Training_Programs/Courage_To_Be_Safe.aspx

- *Courage To Be Safe®*

[Learning.respondersafety.com/Clusters/National-TIM-Training-Certificate.aspx](https://learning.respondersafety.com/Clusters/National-TIM-Training-Certificate.aspx)

- *National Traffic Incident Management (10 hour training program consisting of the following modules)*
 - *Advance Warning*
 - *Blocking Procedures at Roadway Incidents*
 - *High Visibility Innovations*
 - *Manual on Uniform Traffic Control Devices (MUTCD)*
 - *Move It or Work It*
 - *See and Be Seen: Emergency Lighting Awareness*
 - *Special Circumstances: Safe Operations for Vehicle Fires*
 - *Special Hazards*
 - *Termination*
 - *Traffic Incident Management: Incident Command & Management*

<https://learn.firefightercancersupport.org/my-account/>

- *Taking Action Against Cancer in the Fire Service*
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APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Name: (First, Middle, Last)	Date of Birth:
Address: (Street, City)	Last 4 Digits of Social Security Number: XXX-XX-
Home #:	Cell #:
Work #:	Email Address:

Hair:	Eyes:	Scars:
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Drivers License #:	State:	Type/Class:
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EMERGENCY CONTACT INFORMATION (in case of accident and/or injury)

Name:	Relationship:
Address:	Cell #:
Home #:	Work #:
Doctor Name:	Doctor #:

FIRE FIGHTING & EMERGENCY MEDICAL SERVICE EXPERIENCE

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

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:	

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

List any previous **Emergency Medical Service** affiliation and training with inclusive dates (list highest level of training, expiration date of certification and organization):

#1:

#2:

#3:

List any or all other volunteer organizations you are or have been a member (NAME and LOCATION):
#1:
#2:
#3:
#4:

Please tell us briefly why you would like to become a member of the Speegleville Volunteer Fire Department.

EMPLOYMENT HISTORY	
List below all previous employers in last 5 years, starting with most current: (use additional paper if necessary)	
Current Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:
Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:
Employer:	How long:
Address:	Position Held:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:

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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MILITARY SERVICE

(A copy of a report of separation from the Armed Service may be required.)

Are you a veteran?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list type of discharge
Dates of Service (From/To):		
Are you a surviving spouse of a veteran who has not remarried? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you a surviving orphan of a veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, complete dates of service for veteran		

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).



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Please read and sign:

I, _____, hereby make application for membership in the Speegleville 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 SPEEGLEVILLE 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)
- ☐ Contact an Officer of the Department to discuss membership requirements
- ☐ Supply all necessary certificates as outlined above

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



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MEMBERSHIP APPLICATION

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the Speegleville 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 privilege 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 Speegleville 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 _____

FOR DEPARTMENT USE ONLY

Date Application Received:	
Application Received By:	
Department Interviewer:	
Background Check Conducted:	
Background Check Results / Date:	
Police Record:	
References Checked By:	

Type of Membership:
<input type="checkbox"/> Regular <input type="checkbox"/> Auxiliary (Non-firefighter)

Date Presented to Membership:	
Membership Decision:	