

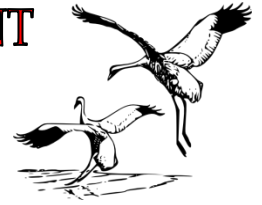


ROCKPORT VOLUNTEER FIRE DEPARTMENT

P.O. Box 1325 Rockport, TX 78381

Phone: 361-729-5392

Fax: 361-729-1268



Prospective Member,

We would like to take this opportunity to welcome you to Rockport Volunteer Fire Department. Being a Volunteer Fire Fighter is a fun, yet challenging position. To help you on your way to becoming an operational member of the fire department, you will need to learn the skills of Fire Fighting.

To help you learn and develop these skills you will be mentored by the Officers and Senior Members of the Fire Department. You will also need to become familiar with the policies, procedures and training of the RVFD.

You will first complete the Prospective Membership period over 3 consecutive training Thursdays, during this time you should ensure your familiarity with the equipment, station and personnel of the RVFD. At the Business Meeting after 3 consecutive training Thursdays the membership will vote on your application.

If your Application is accepted by the membership you will enter the Probationary Membership period. This lasts a minimum of 6 months up to 2 years while you obtain adequate training to be a full member of the Fire Department. This does not mean that you will have to perform as an Interior Fire Fighter, Apparatus Operator, or other specific tasks. Although everyone trains, some individuals find certain tasks they are unable or unwilling to commit to. There is a place in the RVFD for individuals of all skill levels, abilities and attendance capability. If you are unable to meet the physical requirements or time commitments of the RVFD we may encourage participating through the Fire Corp.

Fire Fighters meet on Thursday nights at 7:30pm, generally beginning with truck/equipment checks around 6:30pm. For safety reasons we ask that you appropriate clothing to include; close toed shoes, and no tank-tops. If you cannot make it, please call the officers for an excused absence.

Again, Thank You for joining the Fire Department, we look forward to getting to know you as we all serve this community together.

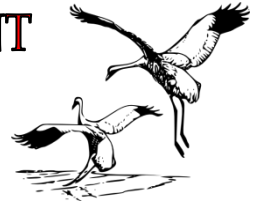
Chief Matthew Grimes (361)229-1715
Asst. Chief Aaron Guerrero (361)205-9152
Captain Gillian Cox (361)523-9400

Captain Kenneth Reeves (361)463-9280
Captain John Carvajal (361)205-5011
Captain Arnold Laird (361)790-3613



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Membership Application

Application Date: _____ Name: _____
First Middle Last

Mailing Address _____

City _____ State _____ Zip Code _____

Physical Address if different _____

Emergency Contact Name _____ Phone # _____

Phone Number _____ E-mail _____

Birthdate _____ Sex: **M** **F** Marital Status _____

Have you ever been convicted of a crime? YES NO
If you circled yes, please explain below (when, where, and why). Please note that ALL applications submitted to the RVFD administration may be subject to a criminal background check.

Do you have reliable transportation? YES NO

Please provide the RVFD with a copy of your current vehicle insurance with this application.

CURRENT EMPLOYMENT STATUS: EMPLOYED UNEMPLOYED DISABLED

Employer Information

Employer Name & Address	Phone Number	Hours/Days per Week

Do you have previous firefighting experience? YES NO

If you answered yes, please elaborate. Also please provide any certifications or awards.

Supervisor Name	Department	Rank/Roles	Phone Number

I certify that all information given in this application is true and correct, to the best of my knowledge. I also authorize the administration of the RVFD to consult any previous employer, references, and supervisors, as to confirm my character and capabilities. By signing this application I also authorize the RVFD to see criminal background information and/or driving history.

Print Name _____ Sign name _____

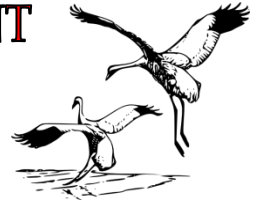


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Membership Application Health Form

Please fill out the following questionnaire in reference to your health history. This information is confidential and will only be viewed by the administrators of RVFD. The RVFD does not discriminate against applicants for health issues, but this information may be used in the event of an emergency.

ALLERGIES: _____

Medications you take on a regular basis (prescription or over the counter): _____

Previous or past medical history (including any surgeries): _____

Current or past injuries: _____

Have you ever been injured in a fire? YES NO
Explain: _____

Have you ever been in a structure Fire?	YES	NO
Do you have a fear of dark or confined spaces?	YES	NO
Do you have a fear of heights?	YES	NO
Can you climb a ladder?	YES	NO

OFFICE USE ONLY:

Reviewed by _____ Date _____
Comments: _____

Background Check Completed YES NO Date _____
Comments _____

Prospective Member introduction Date _____

Voted to probationary Board YES NO Date _____

Voted to Regular Board YES NO Date _____

Dismissed from Board in GOOD BAD Date _____