

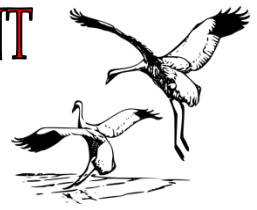


ROCKPORT VOLUNTEER FIRE DEPARTMENT

P.O. Box 1325 Rockport, TX 78381

Phone: 361-729-5392

Fax: 361-729-1268



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 Application 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 6 months to ensure you have 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 recommended 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.

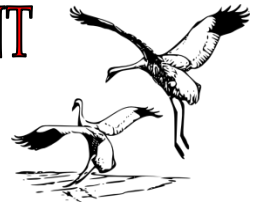


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Membership Application Health Form

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.

Please list 2 emergency contacts

| NAME | PHONE NUMBER | RELATIONSHIP |
|------|--------------|--------------|
| | | |
| | | |

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

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:

Primary Provider: _____ Preferred Hospital: _____

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



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Membership Application

Application Date: _____ Name: _____

Last

First

Middle

Address _____

City _____ State _____ Zip Code _____

Birthdate _____ SSN _____ DL# _____

Phone Number _____ Alternate _____ E-mail _____

Sex: **M** **F** Marital Status _____ # of Dependents _____

Please List dependents/family *i.e. spouse, children, parents...*

| NAME | RELATIONSHIP | AGE | PHONE NUMBER |
|------|--------------|-----|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever been convicted of a crime? YES NO

If you circled yes, please explain below (hen, 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

If you will be using your personal vehicle for volunteer activities/responses you will be required to provide the RVFD with a copy of your current vehicle insurance.

Make _____ Model _____ Year _____ Plate# _____

DRIVING RECORD – Please list any accidents or tickets received in the last 3 years

CURRENT EMPLOYMENT STATUS: EMPLOYED UNEMPLOYED DISABLED

Employer Information

| Employer Name | Phone Number | Hours/Days per Week |
|---------------|--------------|---------------------|
| | | |
| | | |

Please list 3 other references, which are not relatives, in the spaces provided below.

| Name | Phone Number | Years Known |
|------|--------------|-------------|
| | | |
| | | |
| | | |

Are you being sponsored by a current RVFD member? Is so, whom? _____

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 |
|-----------------|------------|------------|--------------|
| | | | |

EDUCATION

Please put the name of your school, location, areas of study, and graduation status

| | |
|-----------------|--|
| High School | |
| College | |
| Graduate School | |
| Other | |

OTHER PERTINANT INFORMATION

Have you ever been enlisted in the U.S. Military? Are you currently on active duty or reserve status? Is so please provide a brief description of your military experience and current obligations. _____

In the space provided, please list any other organizations or groups that you have been affiliated with in the past or at the present time. *(Name of organization, supervisor contact information, length of service, description of involvement)*

Do you have any special certifications or awards? Please list, including any expiration dates.

Please list and other skills, talents, hobbies/trades, or activities of interest.

In the space provided, please tell us why you would like to join the Rockport Volunteer Fire Department, and how you feel you can contribute to the organization, and this community.

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 _____ Date _____

