Orange County
Emergency Services District #2
Bridge City Fire & Rescue

330 Bland
Bridge City, TX 77611

(409)735-2419 *phone*
(409)920-7097 *fax*

Thank you for your interest in volunteering with Orange County ESD #2/Bridge City Fire & Rescue. Please complete the attached membership application, sections 1, 4, 5, and 6 of Texas Emergency Services Retirement System Form 502, and the Public Information Act form indicating whether you want your information public or private. A current physical is also required. If you have a school or employment physical less than one year old, attach it to your application. Otherwise, have a medical office complete the attached physical form.

Return your completed application at the business meeting held on the first Thursday of each month at 7 p.m. After your application is read to the members, you will be assigned a mentor and begin a six-month probationary period.

Any questions you can call the above number and someone will be able to assist you.

Orange County ESD #2

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Sex: Male Female	U.S. Citizen: Yes No	E-Mail:
High School Diploma or GED: Yes No	College Graduate: Yes No	Applying for: Firefighter Jr FF
Certified TX Firefighter: Yes No	If Yes: SFFMA TCFP	
Ever convicted of a felony: Yes No	Currently under investigation, indictment or probation for any crime? Yes No	If ever convicted of a felony, or are currently under investigation, indictment or probation for any crime, please explain below

Do you have any disability/ impairment which may prevent you from fully and safely performing duties as a firefighter?
Yes No If, yes please explain below

DRIVING INFORMATION

TXDL#	Class: A B C	Expiration Date:

Has your license ever been revoked for any reason? Yes No If yes, Explain below

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Shift Work: Yes No	

Orange County ESD #2

MEMBERSHIP APPLICATION

EMERGENCY CONTACT			
Name of a relative not residing with you:			
Address:			Phone:
City:		State:	ZIP Code:
Relationship:			

SPOUSE INFORMATION			
Name:			
Date of birth:			Phone:

SPECIAL SKILLS OR TRAINING

PREVIOUS VOLUNTEER EXPERIENCE

REFRENCES		
Name:	Phone:	E-Mail:
Name:	Phone:	E-Mail
Name:	Phone:	E-Mail:

SIGNATURES	
I authorize the verification of the information provided on this form. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Signature of applicant:	Date:
Signature of Chiefs acceptance of application:	Date:

Orange County ESD #2

Office Use Only

Application Accepted : Yes No	Reason for Denial :	Probation Start Date: Probation End Date:
Mentor Committee: 1. 2. 3.	Provide Physical Results: Yes No Date:	Pass Physical Agility testing: Yes No Date:
Pass Background Check: Yes No Date:		
Accepted as Member: Yes No Date:	Reason for Denial:	

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	Orange County ESD #2 / Bridge City Fire & Rescue		
1. MEMBER INFORMATION:			
NAME (Last, First, MI)			
MAILING ADDRESS		DATE OF BIRTH	
CITY STATE ZIP		SEX	☐ MALE ☐ FEMALE
PHONE NO		MARITAL STATUS	☐ MARRIED ☐ 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?	☐ YES ☐ 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		

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM

P.O. BOX 12577 AUSTIN TEXAS 78711-2577 (800) 936-3480 FAX (512) 936-3480

www.tesrs.texas.gov E-mail to: info@tesrs.texas.gov

Orange County
Emergency Services District #2

330 Bland
Bridge City, TX 77611

(409) 735-2419 *phone*
(409) 735-2931 *fax*

President - Carroll J. LeBlanc
Vice Pres. - Jimmie Franklin
Treasurer - Jeffery J. Daigle
Secretary - Matthew D. Browning
Member - Glen Childers

Pursuant to the Texas "Public Information Act" certain information, if kept by the District, must be made available to anyone requesting the information. This information includes: home address; home telephone number; cell phone number (if paid by you); emergency contact information; social security number; and family member information.

However, Section 552.024 of the Texas Government Code provides that you, the public employee or official, can elect to make public and allow the release or to make said personal information confidential. Therefore, please complete the information below, indicate your choice (public or private), sign, date, and return this page to Chance Chatagnier as soon as possible.

I hereby wish my information – _____ be made public.

_____ be kept confidential/private.

_____
Signature

_____
Printed Name

_____
Date

OCESD #2 / BRIDGE CITY FIRE & RESCUE
STANDARD PHYSICAL FORM

NAME OF FIREFIGHTER:_____ PHONE:_____

DATE OF BIRTH:_____ SEX: M / F HEIGHT:_____ft_____in WEIGHT:_____

GENERAL APPEARANCE:_____

PAST HISTORY: (A) Injuries:_____

_____

(B) Diseases:_____

_____

VISION:_____R _____L COLOR VISION:_____ GLASSES WORN: Y / N

WILL GLASSES CORRECT VISION: Y / N EYE DEFECTS:_____

EARS:_____ NOSE:_____ MOUTH & THROAT:_____

LUNGS:_____ CHEST:_____ NECK:_____

CARDIOVASCULAR:_____ BLOOD PRESSURE:_____

PULSE: REST_____ EXERCISE_____ ABDOMEN:_____

HERNIA (describe; inguinal, umbilical, etc.):_____

BACK:_____

DEFORMITIES:_____

GU SYSTEM & RECTUM:_____ VARICOCELE:_____

LOWER EXTREMITIES:_____ UPPER EXTREMITIES:_____

VARICOSE VEINS:_____

UA: SPECIFIC GRAVITY:_____ ALBUMIN:_____ SUGAR:_____

OTHER ABNORMALITIES:_____

REMARKS:_____

FIT FOR VOLUNTEER FIREFIGHTER: Y / N DATE:_____

_____ _____

EMPLOYEES SIGNATURE PHYSICIANS SIGNATURE

Signature and date of Pension Board member verifying physical:_____