



Brazos County Precinct 3 Volunteer Fire Department

P.O. Box 5453
Bryan, TX 77805
www.pct3vfd.com

Fighting Fires and Saving Lives, Since 1977

Dear Applicant:

Thank you for your interest in becoming a member of the Brazos County Precinct Three Volunteer Fire Department. Our success as a community service organization depends on knowledgeable, dedicated and dependable people who are willing to give time and effort for a common goal. We are pleased to see your interest in being part of our family.

The process of becoming a member is straightforward. Attendance at 3 business meetings within a 6 month period is required for membership. Business meetings are held the second Thursday of each month at 7:00pm.

Please complete the attached application in its entirety. Include all names, telephone numbers, and addresses, etc. A background investigation will be conducted from this information, as well as fingerprints submitted to the Texas Department of Public Safety. You must also have or obtain before joining a currently valid Texas Driver's license, class C or higher. You need to turn in your completed application packet, any required documentation, and a driving history from the Texas Department of Public Safety by your 2nd business meeting. You will be scheduled for an interview to be held between your 2nd and 3rd business meetings. Once you have attended 3 business meetings and successfully passed your interview, you are eligible to be voted into the department by a 2/3 vote of the general membership.

After being voted into the department, you will be known as a probationary firefighter, and will be assigned to a mentor. The objective of the mentoring program is to provide each applicant with the basic knowledge of department operations. As a new member, you will be required to complete the State Firemen and Fire Marshals Association's 70 hour "Introductory Firefighter Certification" before you may respond as a firefighter. This may be obtained by attending training every Thursday (except the 2nd Thursday, which is a Business Meeting) at 7:00pm. Emergency Medical Services certified persons must complete and pass a department protocol test before responding as a First Responder. If you have any questions regarding membership or training, feel free to contact us at the station at (979) 776-6430.

On behalf of the Membership Committee and the Training Committee we look forward to having you as a member of the Brazos County Precinct 3 Volunteer Fire Department.

David J. Dibello
Membership Co-Chair
membership@pct3vfd.com

REQUIREMENTS FOR MEMBERSHIP

- Complete a Membership Application form for Brazos County Precinct 3 VFD. All paperwork should be turned in to the Membership Committee Chair, David Dibello, no later than your 2nd Business Meeting.
- Attend 3 Regularly Called Business Meetings within 6 months (Meetings are held the 2nd Thursday of Each Month at Station 2 on Elmo Weedon Rd., unless announced otherwise.)
- Complete the Medical Information Form attached to the application (2 pages).
- Request a copy of your Driving Record from the Texas Department of Public Safety (see attached instruction sheet).
 - ❖ This will require a fee of \$7.50, payable to the Department of Public Safety directly.
- Have your fingerprints taken for criminal history check (see attached instruction sheet).
 - ❖ This will require a fee of \$24.95, payable to the fingerprint processor directly.
- Attend and be recommended for membership through an interview.
- If accepted for membership, you are eligible to have the \$7.50 driving record and \$24.95 criminal history reimbursed to you by the department after 6 months of active membership in good standing.
- Pay Annual Dues of \$10.00, due to the Treasurer at your 3rd Business Meeting.

INSTRUCTIONS

Read these instructions carefully before proceeding. They are provided as a guide to assist you in properly completing your Application. It is essential that all information be accurate in all respects as it will be used as the basis for a background investigation that will determine your eligibility for employment. One of the criteria evaluated is a person's ability to follow instructions.

1. Your Application should be printed in your own handwriting, legibly and in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter "N/A" in the space.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin.
4. You are responsible for obtaining correct address and telephone numbers. Be sure to include the area codes and zip codes. If you are not sure of an address or telephone number, check it by personal verification.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Application. Be sure to reference the relevant sections and question numbers before continuing your answer.
6. An accurate and complete form will help expedite your background investigation. Omissions, misrepresentations or falsifications will result in disqualification.
7. You are not required to furnish any information which is prohibited by Federal, State or local law.



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Application for Membership

<i>Member Information</i>									
Name:	Last	First	Middle	Name you prefer to be called					
Home Address		Street Address						Apartment/Lot #	
		City		State		ZIP			
Sex	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			SSN*		Hair Color		Eye Color	
DOB	Place of Birth		Height		Weight		Are you a U.S. Citizen?		Blood Type
Date of Last Tetanus		Allergies							
Phones:	Home		Work		Cell		Pager		
Do you request that any of your phone numbers remain private (not listed on roster)?: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager									
<i>Employment Information</i>									
Employer					Occupation				
Supervisor					Supervisor's Phone				
Work Address		Street Address						Suite/Mail Stop #	
		City		State		ZIP			
How long with present employer? Years Months		Work Schedule: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Part-Time			Shift Length: <input type="checkbox"/> 8 Hour <input type="checkbox"/> 10 Hour <input type="checkbox"/> 12 Hour <input type="checkbox"/> 24 Hour <input type="checkbox"/> Other:			Are you currently a student? If so, where?	
<i>Driving Information</i>									
Driver's License Number			Driver's License State		Driver's License Class		Driver's License Expiration Date		
Vehicle Model Year			Vehicle Make		Vehicle Model		Vehicle Color		
Vehicle License Plate Number		License Plate State	Vehicle Registration Expiration		Vehicle Inspection Expiration		Vehicle Insurance Expiration		
<i>Family / Emergency Contact Information</i>									
Spouse			Spouse's DOB			Spouse's Work Number			
Child 1			DOB			Child 2			DOB
Child 3			DOB			Child 4			DOB
Emergency Contact				Relationship			Phone		
Preferred Hospital <input type="checkbox"/> St. Joseph's Hospital <input type="checkbox"/> College Station Medical Center					Personal Physician		Physician's Phone		

* SOCIAL SECURITY NUMBER DISCLOSURE

Mandatory disclosure of your social security number (SSN) is required of you in order for The Brazos County Precinct Three Volunteer Fire Department to collect and maintain employment, payroll, insurance, and retirement account information about you. Employee and non-employee social security numbers may also be used for internal administrative purposes, security background checks, verification of authorization to work, and verification of employment with other State agencies. The Brazos County Precinct Three Volunteer Fire Department reports social security numbers to Federal and State agencies or their contractors as authorized or required by law and for benefits purposes. Your Social Security Number will also be furnished to the State Firemen's and Fire Marshal's Association of Texas to maintain your training records. Further disclosure of your social security number is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

Military Service & Employment History

Military Service: Branch: _____ From: _____ To: _____	Type of discharge: _____
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If less than three (3) years with present employer, list previous employer(s). Most recent first.

Employer Name:	Address:	Phone:	Reason for Leaving:
Employer Name:	Address:	Phone:	Reason for Leaving:

Background Information

Have you ever been convicted of a crime? (Except traffic violations)
 Yes No If yes, give the following information.

Offense Charged	City / County	State	Date	Disposition of Case

Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor?
 Yes No If yes, list below.

Offense Charged	City / County	State	Date	Disposition of Case

Traffic Record

Vehicle Insurance Company	Agent	Phone
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Has your driver's license ever been suspended or revoked? Yes No If yes, give date, location, and reason:

Offense Charged	City / County	State	Date	Disposition of Case

List all traffic citations you have received in the last three (3) years. (excluding parking tickets)

Offense Charged	City / County	State	Date

List any accidents within the last three (3) years; give approximate date and locations:

Location	Date	At Fault
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

Institution name	State	Date of attendance From Until	Did you graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you did not graduate from high school, did you attain a GED? Yes No

Firefighting Experience and Training

Have you previously been a member of a fire department? Yes No If yes, list departments below:

Department Name	Address	From	Until

Are you certified through SFFMA? Yes No What level? _____ Date received? _____

Are you certified through TCFP? Yes No What level? _____ Date received? _____

Are you a certified instructor? Yes No Level: _____ Date received? _____

Have you attended any fire fighting schools? Yes No Attach copies of any certificates you have received

References

Have you ever applied for membership with the Brazos County Precinct Three Volunteer Fire Department? Yes No

Are you currently a member of another volunteer fire department? Yes No Do you currently work for a paid fire department? Yes No

List any members of the Brazos County Precinct Three Volunteer Fire Department with whom you are acquainted.

Name	Phone

List three (3) references, other than relatives and others named above:

Name	Address	Phone	Relationship

Why do you want to become a member of the Brazos County Precinct Three Volunteer Fire Department?

Medical Information

Name of physician	Address	Phone
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Special medical problems / needs? Yes No

If yes, explain:

Do you have any physical disabilities, chronic diseases? Yes No

If yes, explain:

Are you currently taking medication prescribed by a physician? Yes No

If yes, explain:

Have you ever been treated for a work or fire service related injury or illness? Yes No

If yes, explain:

Do you have any defects, diseases, or deformities that may interfere with fire fighting activities? Yes No

If yes, explain:

EMS Certifications

Please list the Month/Year Received for any of the following EMS certifications you currently hold:

CPR	ECA	EMT-B	EMT-I	EMT-P	EMT-LP	BTLS	ACLS	Instructor
EMS Certification Expiration	CPR Certification Expiration	Do you currently work for a paid EMS Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you certified through National Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Web Site & E-Mail Preferences

To facilitate communications within the department and with the community, Precinct 3 E-Mail addresses are available at no cost to members, and are used for official department correspondence. Each member has the option to have their department E-Mail address forwarded to an existing E-Mail address if they prefer. If a member starts receiving unwanted E-Mail from their Precinct 3 address, forwarding can be discontinued at any time by request. The E-Mail addresses will take the form of: jdoe@pct3vfd.com. Members' personal E-Mail addresses will not be publicized, however Precinct 3 E-Mail addresses may be listed on the web site.

Personal E-Mail Address (whether or not you would like to forward your mail):	Do you want your Precinct 3 E-mail to forward to your personal E-Mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The Precinct 3 VFD web site, <http://www.pct3vfd.com> features profiles of our members in addition to the membership list. Officers will also be listed with their official title. Please indicate your preferences for which information about you may be displayed on the web site below:

How long you have been with the department <input type="checkbox"/> Yes <input type="checkbox"/> No	Your firefighting/EMS Certification Level <input type="checkbox"/> Yes <input type="checkbox"/> No	Your ID Picture <input type="checkbox"/> Yes <input type="checkbox"/> No
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Statement of Veracity

Review your answers carefully and read the statement below before signing.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions, nor that I have withheld information. I am aware that the information given by me in this application will be investigated with my full permission and that any misrepresentation will cause my application for membership to be rejected. If such misrepresentation, omission, or falsification is discovered after being appointed to the Brazos County Precinct Three Volunteer Fire Department, this will subject me to dismissal from the department.

I authorize the Brazos County Precinct Three Volunteer Fire Department to obtain Driving and Criminal Records, Training Records, and Medical Information about me for purposes of appointment to a position in the fire department.

I further understand that appointments to the Brazos County Precinct Three Volunteer Fire Department are made by the general membership of the department, upon recommendation by the Membership Committee.

Printed Name	Date of Birth
Signature	Date

Sworn to and Subscribed before me, this the _____ day of _____, 20_____

Notary Public in and for the State of Texas

My Commission Expires:

_____/_____/_____

Seal or Stamp

Signature of Notary Public

For Membership Committee Use Only

Date Received Application	Interview Date	Approved for Membership <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Date Dues Paid
Criminal History Check <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Driving History Check <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Medical History Statement <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	



Annual Medical Statement of Personnel

NOTE: This form is designed to provide the individual in charge of all personnel a complete history of physical status as of the date indicated without the need for expensive physical examinations. It is recommended that the form be completed on an annual basis by all drivers of emergency vehicles as well as other employees. If any of the questions are answered "YES," be sure the answer is fully explained.

Questions:

Name: _____

Address: _____

City & State: _____ Zip: _____

Full Time Occupation: _____

Name of Organization: _____

Position/Title: _____

Social Security No. _____

What is your Valid State Operators Plate No. _____

of doctors, hospitals, etc.

1. Birth Date: Month: _____ Day: _____ Year: _____

2. Eyesight:

Yes No

- a. Have you lost use of either eye? _____ R _____ L.....a.
- b. Is peripheral (side) vision restricted?.....b.
- c. Are you color blind?c.
- d. Do you have, or have you ever had, cataracts?.....d.
- e. Are actual deficiencies corrected by glasses or contact lenses?...e.
- f. Date of last eye examination:.....f. _____

3. Hearing:

- a. Do you have difficulty hearing normal conversation level?.....a.
- b. Do you use a hearing aid?b.

4. Diabetes:

- a. Have you ever been treated for diabetes?a.
- b. Describe current medication and dosage, if any, and method of administration under "remarks."
- c. Date of latest blood sugar test:c. _____

5. Heart:

- a. Have you ever been treated for heart disease?a.
- b. Describe condition:.....b. _____
- c. Describe current medication and dosage, if any, under "remarks."
- d. Do you have a pacemaker?d.
- e. Date of last treatment or check-up:e. _____

6. Epilepsy:

- a. Have you ever been treated for epilepsy?.....a.
- b. If "Yes," when was your last seizure?.....b. _____
- c. Describe current medication and dosage, if any, under "remarks."

Remarks:

NOTE: If any question is answered, "YES," give particulars below. For medical histories, underline the item and identify by referring to question number and letter. Give dates, symptoms, duration, treatment results, names and addresses

Questions:

7. Blood Pressure:

Yes No

- a. Have you ever been treated for high blood pressure?a.
- b. If "Yes," when were you treated?b. _____
- c. What was your last reading?c. _____
- d. Describe current medication and dosage, if any, under "remarks."

8. Limbs:

- a. Have you lost an arm or leg?a.
- b. Have you lost the use of an arm or leg?.....b.
- c. Does vehicle have special controls?c.
- d. If "Yes" to any of the above, describe under "remarks."

9. Miscellaneous:

- a. Have you ever had, or been treated for, Convulsions?a.
- b. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- c. Have you ever had any Fainting Spells?c.
- d. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- e. Have you ever had, or been treated for, Loss of Equilibrium?.....e.
- f. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- g. Have you ever been treated for Alcohol or Drug Abuse?g.
- h. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."
- i. Have you ever been treated for Mental Illness?i.
- j. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."

10. What is the date of your last physical examination?

11. Are there any restrictions posted on your vehicle operator's license?

12. Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle?

13. When and for what purpose, did you last consult a doctor?

14. Full Name, address and telephone number of your personal physician.

Name: _____

Address: _____

City & State: _____ Zip: _____

Remarks:

The answers to the above are complete, accurate, and true to the best of my knowledge.

Signature of Person Named Above

Date

Authorization For Release

"I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records or knowledge of me or my health, to give _____ Department/Company any such information."

A photographic copy, Xerox copy or similar reproduction of this authorization shall be as valid as the original.

Signature of Person Named Above

Date

INSTRUCTIONS TO REQUEST DRIVING RECORD

1. Visit Texas Online at <http://www.texasonline.com>
2. Select Online Resources at the top of the screen, then “Driver and Vehicle Licenses and Records”.
3. Select “Individual Driver Records”.
4. At the log in screen, enter your Driver’s License number, Date of Birth, Last 4 digits of SSN, and DPS Audit Number in the appropriate fields. The DPS Audit Number is found on your driver’s license.



5. Choose Type 3 (Complete Driving History [not certified]). Enter a quantity of 1.
6. Select Address Information, Enter the following:
First Name: (leave blank)
Last Name: Brazos County Precinct Three VFD
Mailing Address Line 1: P.O. Box 5453
Mailing Address Line 2: (leave blank)
Mailing City: Bryan
Mailing State: Texas
Mailing ZIP: 77805-5453
7. Click “Review Requested Records and Purchase Order”
8. Enter your payment information and billing address (for the credit card).
9. Click “Purchase Order”.
10. Your driving record will automatically be sent to the fire department when processed.

INSTRUCTIONS TO REQUEST CRIMINAL HISTORY RECORD

1. Visit L-1 Identity Solutions online at <http://www.l1enrollment.com>
2. Click on the State of Texas.
3. Choose "Online Scheduling".
4. Select English or Español. For this example, we will continue with English. Click "Begin Registration" to continue.
5. Enter your First Name and Last Name in the appropriate fields. Click "Go".
6. You will be presented with a list of reasons for fingerprinting. Select "All Others".
7. Click "Option A" for Electronic Submission.
8. Click "NO, I do not have a FAST Fingerprint Pass".
9. You will be presented with a list of reasons for fingerprinting. Select "Municipal or Volunteer Fire Department Applicant". Click "Next Step".
10. For the Designated Recipient and address, enter the following:
Designated Recipient: Brazos County Precinct 3 VFD
Mailing Address: P.O. Box 5453
City: Bryan
State: Texas
Zip Code: 77805
Country: United States
Click "Next Step".
11. Enter the Zip Code "77803" to search for a location (unless you need to be printed elsewhere) and click "Next Step".
12. The first available location should be BRYAN – L-1 ENROLLEMENT SERVICES. Select a date to schedule your appointment and click "Click to Schedule". You will be presented with a list of times. Select a time for your appointment and click "Go".
13. Fill out all 3 sections of the form that follows, and click "Send Information". You can select in Box 3 to pay online now with a credit card or pay by check or money order at the time of your appointment.
14. A page will appear to confirm your information. If you selected the credit card option, you will be redirected to the ePay site to complete payment.
15. When you have completed the entire process, you will be given an appointment registration number. Keep this number. You will need it at your appointment and if you need to reschedule your appointment.
16. At your appointment, you will need to bring valid identification (see Acceptable Identification Documents chart).
17. At your appointment, you fingerprints will be taken electronically and transmitted to the Texas Department of Public Safety. The documentation will be sent to the fire department.

L-1 Identity Solutions is located at 3131 E. 29th St. in Bryan. If leaving the St. Joseph Hospital Emergency Room, take 29th towards Broadmoor. They will be on the left side (across 29th St. from the Grove Apartments), in Building F. Building F is right next to Ken Martin's Steakhouse.

Acceptable Identification Documents

Primary	Secondary	SUPPORTING*
MUST INCLUDE PHOTO, FULL NAME AND DOB	RECORDED US GOVERNMENTAL DOCUMENTS (INCLUDES NAME & DOB)	ADDITIONAL RECORDS AND DOCUMENTS THAT AID IN ESTABLISHING IDENTITY
Accepted for Identification Without additional documentation	An applicant must present one secondary and two supporting or two secondary documents to establish identity	
<p>Texas driver's license (DL) or identification certificate (ID) within two years of expiration date</p> <p>Unexpired United States passport</p> <p>Unexpired driver's license (DL) or photo ID issued by the United States, another US state, US territory, the District of Columbia, or Canadian province</p> <p>United States Citizenship Certificate or Certificate of Naturalization (N-560, N-561, N-645, N-550, N-55G, N-570, or N-578)</p> <p>Unexpired US Immigration & Naturalization Service (INS) document with verified data-Specifically: US Citizen Identification Card (I-179 or I-197) Resident Alien Card (I-551) Temporary Resident Identification Card (I-688) Employment Authorization Card (I-688A, I-688B or I-766) Foreign Passport with a valid US State Department Issued Visa Foreign Passport with a valid unexpired I-94 Foreign Passport with a "processed for I-551" stamp Foreign Passport with a valid I-797 document indicating ability to verify identity data through INS Border Crosser Card (USA B1/B2, VISA/BBC) Unexpired United States military ID card for active duty, reserve or retired personnel</p>	<p>Original or certified copy of a United States birth certificate issued by the appropriate State Bureau of Vital Statistics or equivalent agency</p> <p>Original or certified copy of United States Department of State Certification of Birth (issued to United States Citizens born abroad)</p> <p>Original or certified copy of court order with name and date of birth (DOB)</p> <p>For applicants born before 1961, the following items are acceptable: original or certified copy of Form DD-214 original or certified copy of other state or federal governmental record that states name and DOB (such as United States census records or Social Security records).</p>	<p>school records</p> <p>insurance policy (valid continuously for the past two years)</p> <p>vehicle title</p> <p>unexpired military dependant identification card</p> <p>Original or certified copy of marriage license or divorce decree</p> <p>voter registration card</p> <p>Social Security card</p> <p>pilot's license</p> <p>concealed handgun license</p> <p>Texas driver's license temporary receipt</p> <p>expired DL or ID issued by another state, territory, District of Columbia, or Canadian province that is within two years of the expiration date</p> <p>a foreign passport without a US Visa</p> <p>a consular document issued by a state or national government</p> <p>Texas Inmate ID card/TX Offender card</p>