



City of Pilot Point Fire Department
Mail: 102 E. Main St. – Physical: 110 W. Division St
Pilot Point, TX 76258
Station (940) 686-5038 – Fax (940) 686-2222

Volunteer Member Application

Position: _____ Date: _____

Please Print

Last Name	First Name	Middle Initial
Street Address		Home Phone Number
City / State / Zip		Work Phone Number
E-mail Address:		
May we call you at your daytime phone number if we need more information? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you at least (18) years of Age <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of Birth
Have you ever filed an application with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, When?
Have you ever been employed or volunteered with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, When?
Are you Currently Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
How soon would you be available to work?		
Are you related to any person employed by or associated with the City of Pilot Point? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of relative	Department	Relation
Name of relative	Department	Relation
Name of relative	Department	Relation

Do you have prior Fire Fighting Experience? YES NO

If yes, List which fire academy and year and all certifications and departments with which you have been a member of:

Do you have prior Emergency Medical Service Experience? YES NO

If yes, List which school and year and all certifications and departments with which you have been a member of:

EDUCATION

Your educational record will be considered only to the extent that it is relevant to the position sought. High School diploma or GED and college transcript(s) may be requested for verification of education prior to employment or obtaining membership.

High School graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	GED? <input type="checkbox"/> YES <input type="checkbox"/> NO Agency? _____		
Circle the highest grade completed: Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4	Graduate School 1 2 3 4
Do you have a college degree? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of college hours if no degree: _____		
High School / GED Name (s) / Agency and address			
Major / Minor Field of Study			
Diploma or Degree Awarded?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Dates Attended			
College Name (s) / Agency and address			
Major / Minor Field of Study			
Diploma or Degree Awarded?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Dates Attended			
Vocational or Other Name (s) / Agency and address			
Major / Minor Field of Study			
Diploma or Degree Awarded?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Dates Attended			

Please list any skills that may be useful in performing the essential function for the job for which you are applying (i.e., computer skills, equipment operated technical knowledge):

Please list any licenses / certifications / registrations, etc.. That you have been awarded or have obtained that pertained to the position for which you are applying:

EMPLOYMENT HISTORY

List all employment for the past (5) years, including any type of military service. Begin with the most recent employer and work back to state any previous jobs, in chronological order. To add more positions, continue on a blank sheet of paper. Experience more than (5) years ago should be included if pertinent to the job for which you are applying.

Employer	Job Title	Start Date (month / day / year)	End Date (month / day / year)
Salary \$ _____	Per (check one) <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		
Address		City / State / Zip	
Supervisor	Phone	May we Contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Description of Duties

Employer	Job Title	Start Date (month / day / year)	End Date (month / day / year)
Salary \$ -----	Per (check one) <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		
Address		City / State / Zip	
Supervisor	Phone	May we Contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Description of Duties

Employer	Job Title	Start Date (mo/day/yr)	End Date (mo/day/year)
Salary \$ -----	Per (check one) <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		
Address		City / State / Zip	
Supervisor	Phone	May we Contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Description of Duties

MILITARY EXPERIENCE

Have you ever served in the Armed Forces of the United States of America? YES NO

From: _____ to: _____ Branch: _____

Type of Military Discharge:

Duties:

DRIVING AND CONVICTION RECORD

Drivers License Number	State of Issue	Type	Expiration Date
------------------------	----------------	------	-----------------

Have you had any driving violations within the last three years for which you were convicted, served probation, took deferred adjudication or attended driving school?

YES NO If yes, please complete the following and attach an additional sheet if necessary:

Charge	Date	Location / Law Enforcement Agency
1.		
2.		
3.		

Has your driver's license ever been revoked? YES NO If yes, Why?

Have you ever been convicted of or received deferred adjudication for a felony or misdemeanor, other than minor traffic violations?

YES NO If yes, please complete the following and attach an additional sheet if necessary:

Charge	Date	Location / Law Enforcement Agency
1.		
2.		
3.		

NOTE: A prior conviction will not automatically exclude you from employment or membership.

REFERENCES (list 3)

Name	Phone	
Address	City	State / Zip
Occupation	Year Known / Relation	

Name	Phone	
Address	City	State / Zip
Occupation	Year Known / Relation	

Name	Phone	
Address	City	State / Zip
Occupation	Year Known / Relation	

MEDICAL HISTORY

Height	Weight	Blood Type
Emergency Contact	Phone Number	Relation
Have you ever lost work due to a back Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Explain	
Do you receive disability due to a prior injury? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Explain	
Have you been treated for substance abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Explain	
Will you submit to random drug testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, Explain	

Interviewer Notes and recommendations (office use only)

Volunteer Waiver and Background Check Authorization Form

To Be Completed by Volunteer

Please print all requested information to apply and register as a volunteer and authorize the City of Pilot Point perform a background check. Name: _____

Address: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Social Security #: _____ Date of Birth*: _____

Driver's License #: _____

Former Name (if applicable): _____

I hereby authorize the City of Pilot Point to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, education, and employment. I hereby release the City of Pilot Point and its elected officials, employees, agents and assigns, as well as the Company performing the background check and its employees, from all liability resulting from the furnishing of this information to the City of Pilot Point. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein could void my consideration, participation, or appointment as a City of Pilot Point volunteer.

Signature: _____ Date: _____

With limited exceptions, you are entitled (at your request) to be informed about the information the City of Pilot Point collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review certain information. The information that the City of Pilot Point collects will be retained and maintained as required by Texas records retention laws and rules. Different types of information are kept for different periods of time.

* DOB is being requested to obtain accurate retrieval of records.

CITY OF PILOT POINT
RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE,
TRANSPORT CONTRACT

In exchange for being allowed to participate in City sponsored activities, I am freely signing this RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT.

I understand that participating in City sponsored activities may be hazardous to my personal health and safety (and that of my minor children), and that for the privilege of being allowed to participate in such activities, I am accepting all risks associated with being on the property and/or participating in City sponsored activities on behalf of myself (and my minor children).

I understand that risks associated with such entry and/or participation include, but are not limited to, bodily injury, property loss or damage and death. I understand and accept that my voluntary participation in City sponsored activities exposes me to a heightened risk of injury, property loss, damage or death and that those risks are possibly beyond the ordinary risks associated with such potentially hazardous terrain and/or activities.

Knowing this, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS the City of Pilot Point, its officers, employees, agents, volunteers and assigns from and against any and all liability, claims, demands and judgments which I may have, or which my heirs, executors, administrators, or assigns may have or claim to have against the City of Pilot Point, its officers, employees, agents, volunteers, or assigns, for any and all claims, demands, actions, and causes of action of whatever nature or character, known or unknown, which may be asserted by any person, firm, or corporation, whosoever claiming by, through or under me for personal injuries, death, and/or property damage caused by or arising out of, my entry on to the property and/or participation in City sponsored activities.

I agree that if I (or my minor children) require rescue and/or emergency medical assistance and/or transport as the result of my (or my minor children's) participation in City sponsored activities, I WILL PAY THE COSTS OF SUCH RESCUE AND/OR ASSISTANCE AND/OR TRANSPORT and I, or my heirs, will reimburse the City of Pilot Point and/or others for the costs incurred in performing any rescue and/or assistance and/or transport on my behalf within thirty (30) days of receipt of written demand.

I am 18 years of age or over, or I am accompanied by a parent or guardian who is authorized to sign this release on my behalf. I have carefully read this RELEASE AND INDEMNITY AGREEMENT AND RESCUE, MEDICAL ASSISTANCE, TRANSPORT CONTRACT or had it read to me in a language that I fully understand, and I understand all its terms.

I am signing voluntarily and with full knowledge of its legal consequences and of the personal risks to me and/or my minor children. I have not relied on any information from the City of Pilot Point, its officers, employees, agents, volunteers or assigns in deciding to make this release and agreement.

Participant (Printed): _____

Participant (Signed): _____ Date _____

Address: _____ Tel: _____

Participant and or Guardian E-mail: _____

Parent or Guardian (Printed): _____

Parent or Guardian (Signed): _____ Date _____

Address: _____ Tel: _____