



# FOREST BEND VOLUNTEER FIRE DEPARTMENT

2300 Pilgrims Point Webster, TX 77598

Office Ph. (281)332-5209 Fax: (281)332-7843

Dear Applicant:

Thank you for your interest in becoming a member of the Forest Bend Volunteer Fire Department. Our success as a community service organization depends on knowledgeable, dedicated and dependable people who are willing to give their 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 FBFD member is straightforward. Please complete the attached application in its entirety. Include all names, telephone numbers, and addresses, etc. A background and driving record check will be conducted from this information. A valid Texas driver's license with a Friendswood or Webster address must also be present. Following receipt of this completed application you will be contacted to setup a time to meet with the membership committee for an interview.

On the first Tuesday of the month following your interview you will be asked to attend the department's monthly business meeting. At this time your application will be presented before the membership for consideration as a new member. Once voted in you are a probationary member for ninety days. At the first business meeting after the probationary period your conduct and participation will be evaluated by the membership for consideration as a full member of the Forest Bend Fire Department.

If you have any questions please feel free to call the department office at 281-996-9206.

On behalf of the Membership Committee and the Training Committee we look forward to having you as a member of the Forest Bend Fire Department.

Jack Maignaud  
President

Tom Hoff  
Chief



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Attention membership committee:

Attached is my application for membership with the Forest Bend Volunteer Fire Department. I have given my full name, address and other pertinent information as requested. I understand that this application must be completed in its entirety to receive consideration for membership.

I certify that I have carefully completed this application and I have given all information herein without omission or falsification. I further attest that no information has been withheld about my background.

I certify that I am at least eighteen years of age for regular membership; a legal resident of the United States, a resident of Friendswood or Webster, Texas; hold a current Texas driver's license; have a social security number; and have a high school diploma or GED equivalent.

By signing my name to this letter I consent to the investigation of all facts and circumstances given in the attached application for membership to the Forest Bend Fire Department. I also consent to the interview of any references provided herein, and to any background investigation needed by any law enforcement agency. I understand that I must pass a medical examination, and a drug screening before being voted in as a full member. I understand that I am also subject to random drug screening during my membership with the fire department.

I fully understand that should any information herein be investigated and found to be false, that I will be subject to dismissal from the Forest Bend Volunteer Fire Department Academy or the Forest Bend Volunteer Fire Department itself without recourse.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application



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Please type or print all information clearly.

Personal Information					
Last Name:		First Name:		MI:	Nick Name:
Physical Address:				Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
City:		State:	Zip:	Height: ' "	Weight: lbs.
Email address:				Driver License No: TDL	
Home Phone:		Work Phone:		Other Phone:	
Date of Birth:		Place of Birth:		Driver License Class:	
US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		Material Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Spouse's Name:	
Military Service & Employment History					
Military Service:					
Branch:		From:		To:	
Present Employer:				If in military list type of discharge:	
Work Address:				Position Held:	
City:		State:	Zip:	How long with present employer: years months	
Work Schedule: <input type="checkbox"/> Straight Days <input type="checkbox"/> Straight Nights <input type="checkbox"/> Straight Evenings <input type="checkbox"/> Shift Worker			Shift Length: <input type="checkbox"/> 8 hour <input type="checkbox"/> 10 hour <input type="checkbox"/> 12 hour <input type="checkbox"/> other		
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:
For Office Use Only					
Date received application:		Date of interview:		Date of background check:	
Background Check: <input type="checkbox"/> Clear <input type="checkbox"/> N/C		Medical Exam: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Drug Screen: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Approved for Probationary Period: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:			Approved for Full Membership: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:		



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Background Information				
Have you ever been convicted of a crime? (Except traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below.				
Offense Charged	City / County	State	Date	Disposition of Case
Traffic Record				
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location, and reason:				
Offense Charged	City / County	State	Date	Disposition of Case
Vehicle Insurance Company	Agent		Phone	
List all traffic citations you have received in the last five (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
If you did not graduate from high school, did you attain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				



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Firefighting Experience and Training				
Are you or have you previously been a member of a fire department or EMS agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list departments below:				
Department Name	Address		From	Until
Are you a certified firefighter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level?	Certification #	Date received?
Are you an EMT/Paramedic?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level?	Certification #	Date received?
Have you attended any fire fighting schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach copies of any certificates you have received		
References				
Have you ever applied for membership with the Forest Bend Volunteer Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List any members of the FBFD with whom you are acquainted.				
Name			Phone	
List three (3) references, other than relatives and others named above:				
Name	Address	Phone	Relationship	
Emergency Contact Information				
Name	Address	Phone	Relationship	
Why do you want to become a member of the Forest Bend Volunteer Fire Department?				



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Medical Information		
Name of physician	Address	Phone
Blood type:	Date of last tetanus:	
Allergic reactions (medication, insect bite, etc.)		
Special medical problems / needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Do you have any physical disabilities, chronic diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Are you currently taking medication prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Have you ever been treated for a work or fire service related injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Do you have any defects, diseases, or deformities that may interfere with fire fighting activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Statement of Veracity		
<b>Review your answers carefully and read the statement below before signing</b>		
I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.		
I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions thoroughly and truthfully.		
I understand that failure to answer all questions completely and sincerely will subject me to dismissal from the Forest Bend Volunteer Fire Department.		
_____ Applicant's Signature		_____ Date signed