



FOREST BEND FIRE DEPARTMENT

Station 12
2300 Pilgrims Point Dr.
Webster, TX 77598

ESTABLISHED
1973

Station 13
16615 Hope Village Rd.
Friendswood, TX 77546

Office (281)332-5209
Fax (281)332-7843

Dear Applicant:

Thank you for showing 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 becoming part of our family.

The process of becoming an FBVFD member is straightforward. Please complete the attached application in its entirety. Include all necessary names, telephone numbers, e-mail addresses, residential 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 within the FBVFD coverage area must also be possessed by all applicants. Following receipt of this completed application, you will be contacted to set up 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. If a vote is passed to accept your application, you will be classified as a Probationary Member for a minimum of 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 Volunteer Fire Department.

If you have any questions, please feel free to call the Department Administration office at 281-332-5209.

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

Scott Wenger
President

Tom Hoff
Fire Chief

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PROUD TO SERVE!

Revised: 06/01/2021



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Requirements for Membership

To be a Member of the Forest Bend Volunteer Fire Department, you must meet the following requirements:

- A legal Citizen or Legal Resident of the United States
- Live in the area serviced by the Forest Bend Volunteer Fire Department (Heritage Park, Heritage Park Pointe, Heritage Point Terrace, Heritage Park Village, Heritage Park Estates, and Heritage Park Gardens)
- Be at least 18 years of age
- Have a High School Diploma or a G.E.D.
- Possess a valid Texas Driver's License
- Possess a valid Social Security number
- Complete a medical physical examination
- Pass a drug screening test
- Complete a criminal history background check
- Complete an interview with the Membership Committee

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Attention Membership Committee:

Please find attached 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 authorize the Forest Bend Volunteer Fire Department, its affiliates, and their representatives to investigate all information given and to secure additional job-related information. If necessary, I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, and/or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include but is not limited to, verification of previous employment and employment references, verification of education including the request of transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations, or corporations furnishing such information. I understand that any information provided by me, which is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to 1) eliminate me from further consideration of membership, or 2) may result in my immediate discharge from Forest Bend Volunteer Fire Department services whenever it is discovered.

I understand that if I should be accepted as a member of the Forest Bend Volunteer Fire Department, I will uphold the By-Laws, General Rules, Best Practices, and the Standard Operating Guidelines of this Department. I also agree to participate fully in all activities associated with the Fire Department as my schedule allows. I further agree that all statements and facts set forth in this application for membership are true to the best of my knowledge. I also understand that any false statement or misrepresentation will result in immediate dismissal from the Forest Bend Volunteer Fire Department.

Applicant's Signature

Date Signed

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Please type or print all information clearly.

Personal Information			
Last Name:	First Name:	M.I.	Nick Name:
Physical Address:			
City:		State	Zip
Email address:		Driver's License Number:	
Issuing State:			
Home Phone:	Work Phone:	Cell Phone:	Driver's License Class:
Date of Birth:	Are You Legally Allowed to Work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number:
Military Service and Employment History			
Military Service:			
Branch:		From:	To:
Highest Rank Achieved:	Rank Upon Discharge:	Type of Discharge:	
Present Employer:		Position Held:	
Name of Supervisor:		Supervisor's Phone Number:	
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 hours <input type="checkbox"/> 10 Hours <input type="checkbox"/> 12 Hours <input type="checkbox"/> 24 Hours <input type="checkbox"/> Other: _____	
Work Address:			Date Started:
City:		State:	Zip:
If you have worked at your current job for less than three (3) years, please list your previous employer(s). List most recent first.			
Employer Name:	Address:	Phone Number:	Reason for Leaving:
Employer Name:	Address:	Phone Number:	Reason for Leaving:
Employer Name:	Address:	Phone Number:	Reason for Leaving:

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Background Information				
Have you ever been convicted of a crime? (excluding traffic violations)				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information				
Offense Charged	City/County	State	Date	Case disposition
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, please provide the following information				
Offense Charged	City/County	State	Date	Case disposition
Traffic Record				
Have you ever had your driver's license suspended or revoked?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information				
Offense Charged	City/County	State	Date	Case disposition
Vehicle Insurance Company:		Agent's name:		Agent's phone number:
List all traffic citations you have received in the last three (3) years (excluding parking violations).				
Offense Charged	City/County	State	Date	
List any vehicle accidents in the last three (3) years.				
Location		Date	Were you 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



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Education				
Name of high school attended			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you did not graduate high school, did you receive a GED?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Trade School	State	Dates of attendance		Did you graduate?
		Start	End	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Firefighting Experience and Training				
Are you now or have you ever been a member of a fire department or EMS agency?			<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide additional information below	
Department Name	Address	Start	End	
Are you a certified firefighter?	<input type="checkbox"/> Yes <input type="checkbox"/> No List certifications below and provide a copy of the certificates.			
Certification	Certifying agency	Date received		
Do you hold an EMS certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No List certifications below and provide a copy of the certificate.			
Certification	Certifying agency	Date received		



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References			
Have you ever applied for membership with the Forest Bend Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any Members of FBFD with whom you are acquainted.			
List three (3) references, other than relatives or Members listed above			
Name	Address	Phone number	Relationship
Why do you want to become a Member of the Forest Bend Fire Department?			
Emergency Contact Information			
Name	Address	Phone number	Relationship



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For Office Use Only	
Date the application was received:	Date of interview:
Date of background check:	Background check completed by:
Results of background check: <input type="checkbox"/> Clear <input type="checkbox"/> Not Completed	Items found in background check (if any):
Results of medical exam: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Results of drug test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Approved as Probationary Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Approved as Full Member <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Member number assigned:	