

THRALL VOLUNTEER FIRE DEPARTMENT MEMBERSHIP APPLICATION



For questions email Contact@ThrallVFD.org or phone 512-898-4272
Email completed to Contact@ThrallVFD.org or mail to PO Box 386 Thrall TX 76578

Thank you for applying to become a Member of the Thrall Volunteer Fire Department! We're grateful for your time and effort to serve the greater good of the people in our community and beyond. Please fill out this application in it's entirety and include copies of the following documentation:

- * Driver's License front and back
- * Social Security Card front and back
- * Proof of Auto Insurance
- * Driving record certified copy obtained from Department of Public Safety in Austin
- * Criminal background certified copy obtained from the Department of Public Safety in Austin
- * DD-214 if applicable obtained from the Department of Defense
- * Any documentation of training related to membership in the Department

This application must be signed and dated here by an authorized Member upon receiving it from the applicant. If Application is not substantially complete please return to the applicant with instructions on how to complete it. Completed Application is to be submitted to the Board for scheduling of membership consideration at monthly Business Meetings. Reading or consideration of this pending Application will not take place if the applicant is not at the business meeting, however a Member in good standing may request applicant not be present if there is good cause. A secret ballot vote at the Business Meeting for Department Members will be conducted to approve or deny an application.

Receiving Member Signature

Printed Name & Title

Date

All five (5) pages of this form must accompany the application and document attachments

THINGS YOU SHOULD KNOW BEFORE APPLYING

Attendance Requirements

The Thrall Volunteer Fire Department exists to serve our customers; the residents, businesses, and visitors to our area of protection. Our members are professional firefighters who volunteer their time to serve our customers. This professionalism is exhibited by the mandatory monthly training and these basic participation requirements:

1. Attend a minimum of forty percent (40%) of the training hours offered.
2. Serve at a minimum of Twenty-five percent (25%) of the emergency calls.
3. Regular training is offered at least once a month during a weeknight and occasionally on Saturdays.
4. Members of this organization shall not be a member of another Volunteer Fire Department without the expressed approval of the membership of this organization.
5. Members shall not attend any Department function after having consumed any amount of alcoholic beverage during the eight hour period prior the Department function, activity, training, or emergency.
6. No member shall be under the influence of any illegal, mind altering substance at any Department function, activity, training, or emergency.
7. Members who are taking physician prescribed or across the counter medications that may alter mental status or decision making capability shall notify the leadership of the Department immediately.

Probationary Period

Each new member, regardless of experience, must serve a minimum of one six (6) month probation period. Additional probation periods may be added, by action of the membership, as necessary to facilitate training requirements, or in an effort to salvage the membership of a probationary member. Untrained or inexperienced members will be assigned the rank of Cadet.

Each probationary member will be assigned a mentor by the Fire Chief. The mentor will have a training regimen and list of goals that must be attained by the probationary member during the probationary period. The mentor is personally responsible for assisting the probationary member with attaining the goals during the six month probationary period. The mentor's recommendation will weigh heavily when the Department's membership considers ending the probationary status of the new member upon completion of the first six months.

Members with verifiable experience and training may be assigned firefighting duties immediately with a recommendation from their mentor or a Chief Officer to the Fire Chief.

Members will be issued the Department's Standard Operating Guides and Corporate By-Laws. The member is required to read, understand and receive a 70% passing grade on a subsequent test covering this material. If the test is not passed the member will be removed from the department.

Members will be given a district map so they may study the outlined area. A test will be given prior to their 6 months is completed. If the member does not obtain a 70% or higher the member will be removed from the department.

A physical agility test will be given prior to 6 month completion. The member will be required to run 1 mile in the allotted 12 minutes. Complete 20 pushups. Complete 20 sit ups. Properly lift 50 lbs. Carry and move equipment. Advance a hose line. Walk stairs with the allotted hose. There is no time limit on the test after the 1 mile run. If the member cannot complete the physical agility, he/she will be removed from the department at that time. This test does not pertain to support staff members.

All members that have failed to complete a 70% or higher on any test or complete within the allotted time shall be removed from the department. The member may re-apply at the next held business meeting.

Equipment

Members will be allowed access to and use of the Organization's property and equipment. Members will be held financially, and criminally responsible for the negligent or intentional misuse, loss, destruction of the property and equipment.

Members will be issued equipment, Department insignia/identification, uniforms, personal protective clothing, radios, pagers, toners and other organizational property as available. Members are responsible for the upkeep, proper use, and safe keeping of the equipment issued them. Members will be held financially, and criminally responsible for the negligent or intentional misuse, loss, destruction of the equipment.

All Department equipment, insignia/identification, uniforms, personal protective clothing, radios, pagers, toners and other organizational property is to be relinquished to the Fire Chief or his designee immediately upon severing

Incident Response

When notified of an emergency call, members are REQUIRED to respond. Members will contact dispatch prior to responding. Freelancing WILL NOT be tolerated. Members WILL ONLY respond in units of this Organization that they have been cleared, by the Chief, to respond in.

Members of the organization may only use their personal vehicles as an emergency response vehicle if properly insured and understand that the organization is not held liable for any incidents that may occur in that persons personal vehicle. Specific members are approved by the Chief to respond directly to scenes. These members may equip their vehicle with lights and sirens. Both have to be on the vehicle if it is to be used. All equipment must be pre-approved by the Fire Chief prior to installation or use.

Members MUST report all injuries, accidents, and contacts with hazardous substances (chemicals, blood, etc.) occurring in the line of duty, in writing to the Officer in Charge of the incident or the Safety Officer of the incident as

After completing any emergency call, a written report must be completed prior to dismissing from the station.

By signing below I acknowledge I have a basic understanding of what will be required of me if I am accepted as a probationary member of the Thrall Volunteer Fire Department. I also acknowledge that violation of any of the rules, by-laws, or S.O.G.s can result in immediate suspension by the Officer-in-Charge and discipline referral to the Membership of the Department.

Full Legal Name:				Date:	
Current Street Address:				Suite #:	
City:		State:	Zip:		County:
Main Phone:		Other:		Email:	
Single:	Married:	Social Security #:		Date of Birth:	
Country:					

Previous Street Address:				Suite #:	
City:		State:	Zip:		County:

Please briefly describe why you want to be a Volunteer Member and the type of service you are wanting to perform:

List any relevant or related experience in firefighting, medical, military or emergency services training:					
Type of Experience #1:					
Name of person to contact for above experience:					
City:		State:	Agency:		
Main Phone:		Other:		Email:	
Type of Experience #2:					
Name of person to contact for above experience:					
City:		State:	Agency:		
Main Phone:		Other:		Email:	
Type of Experience #3:					
Name of person to contact for above experience:					
City:		State:	Agency:		
Main Phone:		Other:		Email:	
Type of Experience #4:					
Name of person to contact for above experience:					
City:		State:	Agency:		
Main Phone:		Other:		Email:	

Employment history if different from above emergency services experience:					
Employment History #1:					
Name of person to contact for above experience:					
City:		State:	Company:		
Main Phone:		Other:		Email:	
Employment History #2:					
Name of person to contact for above experience:					
City:		State:	Company:		
Main Phone:		Other:		Email:	
Employment History #3:					
Name of person to contact for above experience:					
City:		State:	Company:		
Main Phone:		Other:		Email:	

