



PRIDE

# Chisholm Trail Fire Rescue

9835 FM 1854  
Dale, Texas 78616

*"The Few Dedicated To Many."*

COMMITMENT



SERVICE

## Application Checklist

Have the following completed and signed:

- Membership application
- Total release of liability

Include the following:

- Photocopy of valid drivers license
- Photocopy of current vehicle liability insurance card
- Certified copy of driving record (available at DPS main office on Denson Dr. in Austin)
- Certified copy of computerized criminal history or CCH (available at DPS main office on Denson Dr. in Austin)

Complete application packets will be reviewed within 10 working days from the date of receipt and an appointment for an interview will be set.

**Incomplete application packets will delay review!**



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## Membership Application

*Please Print All Information Clearly*

Firefighter     Junior Firefighter     non-firefighter Support Personnel  
(Section 4 not required)

### Section 1: Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ Type: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
E-mail #1: \_\_\_\_\_ E-mail #2: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Please describe your typical work schedule (days/hours): \_\_\_\_\_

### Section 2: Emergency Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Section 3: Experience

If you have previous firefighting experience, please complete the information below. If you do not have experience, proceed to the next section.

Name of Department: \_\_\_\_\_ Town: \_\_\_\_\_  
Chief of Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Total Length of Service: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Duties/Positions Held: \_\_\_\_\_  
Level of Training:  None  JF  FF1  FF2  EMT  ECA  Instructor  Other  
Reason for Transfer: \_\_\_\_\_  
Please describe your reason(s) for wanting to join our organization. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 4: Spousal Agreement

Your spouse is interested in volunteering as a firefighter at Chisholm Trail Fire Rescue. At Chisholm Trail Fire Rescue (CTFR), the motto has always been "Family First." With that said, you need to know that firefighting is an ultra hazardous profession that requires training and commitment. Your spouse will be required to attend 65% of the trainings. Training is on every Wednesday at 19:00, and any pre-planned fundraisers and fundraisers. In addition to training, your spouse will be responding to emergency calls, which can come at any time of day or night. It is imperative that you know and understand the time commitment that is required to be a volunteer firefighter, as well as the dangers involved in responding to emergency calls. We need firefighters but we do not want to get them



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at the expense of your family. If you have read this section and have discussed your spouse's interest in firefighting with him/her, please sign below. If you have any questions, please feel free to call Chief Mark Padier @ (512) 848-2363.

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Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section 5: References

List any current members of Chisholm Trail Fire Rescue, if any, who can attest to your character.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

List 2 other personal references other than family, members, or employees of CTFR.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any other community involvement or organization in which you are involved: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

### Section 6: Release

- By signing below, I agree that Chisholm Trail Fire Rescue may conduct reference and background checks, including a police background check and random drug test, based on the information that I have provided above.
- By signing below, I consent to having my picture taken during training, emergency incidents, and department functions for use on the website or press release.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 7: Membership Disclaimer

- Chisholm Trail Fire Rescue retains the right to refuse applicants based on our assessment of our current needs of the department and the character and experience of applicants. Those applicants who are accepted are on a probationary membership and are subject to a probationary period such as outlined in the Bylaws and Standard Operating Guidelines of the department.
- Failure to comply with the requirements during the probationary period may result in loss of membership.
- All information provided will remain confidential.

### Section 8: Application Return

Please return completed application to:

Chisholm Trail Fire Rescue, 9835 FM 1854, Dale, TX 78616 or any CTFR Officer.

