

**APPLICATION FOR VOLUNTEER MEMBERSHIP**

**CAREFULLY READ THE FOLLOWING**

Membership to the Pittsburg Fire Department (PFD) requires a great deal of commitment, both by the individual and their families. The following are minimum requirements for membership to this department:

- Successfully pass criminal and driving record background checks
- Reside inside Camp County for a minimum of six (6) months prior to applying for membership
- Attend at least 40% of PFD’s scheduled training sessions
- Actively participate in a state approved certification training program conducted by PFD
- Attend at least 15% of PFD’s emergency responses
- Be willing and able to work within a paramilitary style organization and chain of command

Firefighting is one of the most dangerous jobs in the world. A fire department is also one of the most rewarding service-oriented organizations that a person can belong to. Physical requirements include walking, lifting, bending, carrying, climbing, wearing protective ensembles that can be fairly heavy, and exposure to heat, weather conditions and hazardous environments. Mental stress can be a key element, in that members could deal with incidents which involve fatalities, severe injuries, destruction and literally life-and-death situations. And, in a small community like ours, these incidents could involve relatives or friends of our members.

Employers may not be willing or able to allow you to leave your job to respond to incidents. Family members may not be aware of the commitment required due to the nature of this type of organization. Frank and open discussions may be in order prior to submitting an application.

As a member of this department, you are an “Agent of the City of Pittsburg” and an “Agent of Camp County” and will be held to a higher standard regarding your public and personal life. The public’s trust in this department is paramount and our actions will constantly be subject to scrutiny. We are a part of a political subdivision and are answerable to the public we serve. Your actions reflect directly on this Department, City and County.

By my signature below, I am attesting that I have read and understand the above and, would like to go forward with the application process and complete this application form with accurate information.

\_\_\_\_\_  
Signature Printed Name Date

- 1. COMPLETE THE FOLLOWING PAGES OF THE APPLICATION FORM.**
- 2. READ ALL INSTRUCTIONS AND MAKE SURE ALL BLANKS ARE FILLED. IF THERE IS NO ANSWER, PUT “N/A” IN THE BLANK.**

**AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.**

**PRINT LEGIBLY. FILL IN ALL BLANKS or INSERT "SAME AS ABOVE" or "N/A".**

NAME \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(Last, First, Middle) *As it appears on your driver's license*

DATE OF BIRTH (mm/dd/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

PHYSICAL HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_, Texas \_\_\_\_\_  
(Zip)

MAILING ADDRESS (If different) \_\_\_\_\_

\_\_\_\_\_, Texas \_\_\_\_\_  
(Zip)

HOME PHONE NUMBER \_\_\_\_\_

CELLULAR PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EDUCATION (Check One)

High School (Diploma / GED) [Circle one]

2-Year Degree

4-Year Degree

Other \_\_\_\_\_

MILITARY SERVICE  Yes  No

BRANCH OF SERVICE \_\_\_\_\_

DISCHARGE TYPE \_\_\_\_\_

MARITAL STATUS S M D W (Circle One)

SPOUSE/Significant Other (Name) \_\_\_\_\_

CHILDREN NAME AGE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER or SCHOOL \_\_\_\_\_

Work/School Address (Physical) \_\_\_\_\_

Work/School Address (Mailing) \_\_\_\_\_

Work/School Phone Number(s) \_\_\_\_\_

Can you leave your job immediately to respond to a PFD incident?

Yes  No

If no, could you respond if this were a major incident?

Yes  No

CHARACTER REFERENCES (*Must list at least **three (3)** NONE OF WHOM can be a relative or member of this department.*)

1. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

2. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

3. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Have you ever been convicted of a theft or assault offense or a felony offense or are currently under indictment for a felony offense?       Yes    No

If yes, list the offense, where this occurred, and the outcome or current status.

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Have you ever been a member of any other fire department?    Yes    No

If yes, list the following:

Department Name(s) \_\_\_\_\_

Mailing Address(es) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Supervisor(s) or Chief(s) \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Dates of Service \_\_\_\_\_

Do you have any specialized training / skills which might be pertinent or beneficial to the Pittsburg Fire Department? (i.e. first aid / medical, truck driving, radio operation, pump operation, mechanical, etc.    Yes    No

If yes, list here \_\_\_\_\_

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Why do you want to join the Pittsburg Fire Department?

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By my signature below, I wish to apply for volunteer membership to the Pittsburg Fire Department. The facts set forth in this application for membership are true and correct. I understand that if accepted, any false statements on this application shall be sufficient cause for dismissal.

I authorize the Pittsburg Fire Department to make any investigation of my personal history through any investigative bureau of choice. In making this application for membership, I also understand that an investigation of my criminal and driving record will be checked. I understand that information may be obtained through personal interviews with my employer, neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, and personal characteristics. I further understand that I have the right to make a request, within a reasonable period of time, to receive information about the nature and scope of this investigation.

\_\_\_\_\_  
Signature Printed Name Date

**THIS BLOCK IS FOR FIRE DEPARTMENT USE**

Membership Category  Junior  Regular

Date of First Reading \_\_\_\_\_

Investigative Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Vote (mm/dd/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Vote Results  Accepted  Denied

Probationary Period Ending Date (mm/dd/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ OR

Date Eligible to Apply Again (mm/dd/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_