



Manchaca Fire/Rescue

PO Box 117
Manchaca, Texas 78652
Phone: 512.282.7057
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Membership Application Packet

Welcome and thank you for your interest!

Manchaca Volunteer Fire Department is a combination fire department; which includes a part-time Fire Chief and Assistant Chief and part-time paid personnel for weekday daytime response. Even though we are a combination department, we rely heavily on volunteer firefighters and medical responders to provide the majority of the requested emergency services in our response area. This department could not function effectively without its volunteer force. The Manchaca Volunteer Fire Department provides many services to the citizens of Manchaca and its visitors including fire suppression, fire prevention, fire inspections, rescue, and medical first response as a part of the Austin-Travis County Emergency Medical Service System

This membership application is the first step if you wish to join Manchaca Volunteer Fire Department (MVFD), a.k.a. Manchaca Fire/Rescue; Emergency Services District Number 5.

MVFD has two levels of membership, Active and Associate.

- An Associate member can attend business meetings, be on the Board of Directors and be involved with non-operational activities, including; public education, community service activities, administration activities and community fire prevention programs.
- An Active member can perform all duties of an Associate member, including participation in emergency operations, including; fire suppression, rescue and medical first response. Within the Active Membership, you may choose to specialize in a specific discipline, such as a Firefighter or Medical responder or participate as a combination Fire/Medical responder.

No previous training or experience is necessary; Manchaca Fire/Rescue will provide the appropriate guidance and training. Once accepted into Manchaca Fire/Rescue, there is a 6 month probationary period of development, training and evaluation for its newest members of our department. During this time, the department will learn much about you, and you will learn the business and traditions of the fire service and of Manchaca Fire/Rescue. Because of the arduous activities we are charged with providing to our community, you are encouraged to participate as much as possible during this time, as you will be exposed to the type of commitment that is involved in being a volunteer.

Your interest in joining the fire department and serving your community is appreciated. The public service nature of our operation requires that we carefully screen applicants; your honest and careful completion of this application is requested. Please complete the application and attach the required paperwork and any appropriate certificates or letters that may assist the Manchaca Volunteer Fire Department Board of Directors in the decision making process.

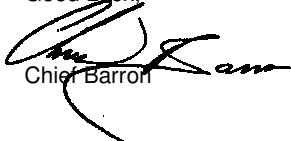
Upon completion, please submit your application for review by dropping it off with our staff at Fire Station 502, located at 2301 Riddle Road, Austin Texas. **Applications are reviewed and acted upon ONLY ONCE per year (in January)**. This meeting is held on the first Tuesday of January at 7:00 pm at Fire Station 502. You need not be present, but this may certainly expedite the process should there be questions about you or your submitted application. Our training meetings are held each Tuesday at Station 502 at 7pm. Our department business meetings are held on the first Tuesday of each month also at 7pm. We encourage you to attend any meetings you would like to so that you get a feel of our hour department operates.

If you have questions or concerns through the application process, you may contact any of the individuals listed below for assistance.

Don McCurdy, Board President: dmccurdy@manchacafire.com or 512.935.3536
Chris Barron, Fire Chief: cbarron@manchacafire.com or 512.935.3503

Thanks again for you interest with Manchaca Fire/Rescue.

Good Luck,


Chief Barron



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IMPORTANCE OF HONESTY STATEMENT

It is extremely important that you are completely honest in all of your answers. Honesty is the most important characteristic that you must demonstrate.

The importance of honesty from the time of completion of all application documents, questionnaires and during all interviews cannot be overemphasized. Failure to respond to any questions accurately and completely, whether orally or in writing will result in disqualification. Applicants have been disqualified for dishonesty.

While filling out all documents, you are cautioned to take your time and to be thorough and specific in all answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is "Yes, include it."

You may think that something you have done will disqualify you from further consideration. That may or may not be the case. What will certainly disqualify you is lying or distorting the truth. For example, an arrest, being fired from a job, use of drugs, etc. may or may not disqualify you; however, lying about it will disqualify you from further consideration

By signing below, I acknowledge I have read and understand the contents of the Importance of Honesty Statement.

NAME OF APPLICANT _____

APPLICANT SIGNATURE _____ DATE _____



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RELEASE OF INFORMATION

I hereby request and authorize my former and current employers or other agencies to provide any information requested by Manchaca Fire/Rescue concerning my employment, including but not limited to, information or opinions as to my character, habit and ability; and to investigate and ascertain any and all information concerning my background and my character which may pertain to my qualifications to be considered as a qualified applicant with Manchaca Fire/Rescue. I understand that such information may be obtained from any person, document, or other source, and I hereby expressly authorize the release of any such information and/or documentation.

I hereby consent to full disclosure, by Manchaca Fire/Rescue to the person(s) listed below, of all police record information. This consent includes the release of records of criminal convictions and driving history, for which a pardon has not been granted, or any convictions registered, charges pending or any other judicial order. This consent also includes and authorizes the release of information available, including occurrence information, which is deemed necessary to fulfill the requirements of the volunteer applicant screening process.

I also give consent to the Texas Department of Public Safety or any Motor License Agent to release any and all motor vehicle and driver license record(s) indicated by my signature below; to be released by the Texas Department of Public Safety or any Motor License Agent, their agents and employees, to Manchaca Fire/Rescue and its agents working on its behalf.

I hereby release Manchaca Fire/Rescue, any person or entity acting on their behalf, and any and my employers, their officers, agents, and employees, from any and all claims, liability, or damage of any kind, whether due to negligence, error or any other cause, as a result of releasing said information to any member of Manchaca Fire/Rescue, or any person or entity acting on their behalf. I further understand that in consideration for said release, Manchaca Fire/Rescue will regard all information so obtained as confidential and shall not release the same to any person without my express consent.

A copy or fax of this authorization shall be as effective and valid as the original.

Print your name _____

Social Security Number _____

APPLICANT SIGNATURE _____ DATE _____



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APPLICANT DISQUALIFIERS

Criminal History

The department requires a criminal history and driving record check on all volunteers and on all applicants who are offered and who accept an offer of employment. Your service with us will be conditional upon our review of the information in the criminal history and driving record check. The department reserves the right to conduct these checks periodically during your service with the department.

If you have questions about your criminal/conviction history and how it may affect your volunteer service with the Manchaca Volunteer Fire Department, you should contact your attorney or seek legal advice from a qualified professional. The Manchaca Volunteer Fire Department cannot provide legal advice to applicants or answer questions of this nature.

Possible Applicant Disqualifiers

The following events *may* disqualify a possible applicant from further processing during any stage of the volunteer process.

- Having been terminated or indefinitely suspended from the Manchaca Volunteer Fire Department for disciplinary reasons or having resigned from the Manchaca Volunteer Fire Department for disciplinary reasons, resigning to avoid suspension or discharge, or resigning during a disciplinary investigation without a final judgment being rendered.
- Having served community supervision or probation for any misdemeanor offense.
- Having received a General Discharge, other than Honorable Discharge, or Article 15 administrative punishment from any branch of the U.S. Armed Forces.
- Having been convicted of a misdemeanor offense other than a minor traffic offense. (DWI/DUI is not considered a minor offense).

Automatic Applicant Disqualifiers

Any of the following events will automatically disqualify an applicant from further consideration during any stage of the volunteer process:

- Having a conviction for, or currently being under indictment for, or currently charged with any felony offense. This includes juvenile felony adjudication other than those exempted under Texas Family Code, Chapter 58.
- Currently serving or having served probation or community supervision for any felony offense.
- Having a conviction for any Class A or Class B misdemeanor offense, or currently being under indictment for, or currently charged with any Class A or B misdemeanor offense in the previous 3 years.
- Having a conviction for driving under the influence (DWI/DUI) in the last 5 years. For applicants applying being under indictment for, or currently charged with driving under the influence (DWI/DUI) in a case that is still pending.
- Use of marijuana in the last 3 years.
- Illegal use of any controlled substance or use of any illegal drug, other than marijuana, in the last 10 years.
- Having received a Dishonorable Discharge or a conviction by a military court martial from any branch of the U.S. Armed Forces.

For the purposes of the above automatic disqualifiers, a person is considered to be convicted of an offense when an ADJUDICATION OF GUILT is entered against said person by a court of competent jurisdiction, or a PLEA OF GUILTY is entered, including situations where:

- The sentence is subsequently probated and the person is discharged from probation;
- Deferred adjudication is granted;
- and/or the accusation, complaint, information, or indictment against the person is dismissed and the person is released from all penalties and disabilities resulting from the offense, and the person is pardoned for the offense, unless the pardon is expressly granted for subsequent proof of innocence.

Any possible applicant for Manchaca Volunteer Fire Department that has a previous criminal history with repeat violations or past significant criminal history may be disqualified from the volunteer process with the Manchaca Volunteer Fire Department.



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Membership Level:

Firefighter Medical Firefighter/Medical Associate Member

Please print or type all information.

SECTION I. GENERAL INFORMATION

NAME _____ DATE _____
LAST FIRST MIDDLE
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE _____ PAGER/CELL _____ EMAIL _____
DATE OF BIRTH _____ SOCIAL SECURITY # _____
DRIVER LICENSE # _____ STATE _____ CLASS _____
RESTRICTIONS _____
MARITAL STATUS SINGLE MARRIED IF MARRIED, SPOUSE'S NAME _____

SECTION II. EMPLOYMENT INFORMATION

EMPLOYER _____ OCCUPATION/POSITION _____
ADDRESS _____ CITY _____ ZIP _____
WORK PHONE _____ YEARS WITH PRESENT EMPLOYER _____
SUPERVISOR _____ SUPERVISORS PHONE _____
If with present employer for less than six months, list previous employers, phone numbers and length of employment:

EMPLOYER _____ OCCUPATION/POSITION _____
LENGTH of EMPLOYMENT _____ CITY _____ PHONE _____

EMPLOYER _____ OCCUPATION/POSITION _____
LENGTH of EMPLOYMENT _____ CITY _____ PHONE _____

EMPLOYER _____ OCCUPATION/POSITION _____
LENGTH of EMPLOYMENT _____ CITY _____ PHONE _____



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SECTION III. EMERGENCY CONTACT INFORMATION

Primary

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

RELATIONSHIP _____

Secondary (if applicable)

NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

RELATIONSHIP _____

SECTION IV. EDUCATION INFORMATION

HIGH SCHOOL DIPLOMA YES NO G.E.D. OR EQUIVALENT YES NO
You must be a high school graduate or have an equivalent education

COLLEGE YES NO YEARS ATTENDED _____

DEGREE (S) _____
You may be required to provide copies of diplomas or transcripts.

MILITARY SERVICE YES NO IF YES, HOW LONG _____

TYPE OF DISCHARGE _____
You may be required to provide a copy of your discharge papers or DD Form 214

SECTION V. PREVIOUS EXPERIENCE

Please list any previous experience you may have in the area of public safety or Fire Departments you may have belonged to and years involved.



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MEDICAL STATEMENT AND QUESTIONNAIRE

NAME _____ DATE _____

HOME PHONE _____ WORK PHONE _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

MEDICAL DOCTOR'S NAME _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

DATE OF LAST PHYSICAL _____

Please describe, in your own words, the general state of your physical health and mental well-being.

Fire fighting, rescue operations and EMS activities can be physically and emotionally stressful.

Do you have any condition or disability that might prevent or restrict your activities? Yes No

If yes, explain: _____

Review each item, checking "Yes" or "No" as appropriate. Please explain any answers marked Yes	Yes	No
A. Are you blind in either eye?		
B. Do you wear glasses or contact lenses?		
C. Have you had a tetanus shot? If yes last date:		
D. Have you ever lived with anyone who had tuberculosis?		
E. Are you allergic to bee, wasp or ant stings?		
F. Have you ever attempted suicide?		
G. Have you ever bled excessively after injury or tooth extraction?		
H. Are you taking any medication for a chronic condition?		
I. Have you used any illegal drugs in the last year?		
J. Have you ever been treated for a mental condition?		
K. Have you ever been denied life or health insurance?		
L. Have you ever been advised to have any medical procedure or surgery?		
M. Do you have a sensitivity to dust, sunlight or chemicals?		
N. Have you been hospitalized within the last year?		
O. Have you been treated by a doctor or practitioner within the last year?		
P. Are you unable to lift objects up to 70 lbs?		
Q. Do you have mobility issues?		
R. Have you ever coughed up blood?		
S. Have you ever been exposed to or checked positive for HIV?		
T. Have you ever been knocked out or lost consciousness?		
U. Do you smoke? If yes... How much per day?		



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MEDICAL STATEMENT AND QUESTIONNAIRE

Have you ever had:	Yes	No	?		Yes	No	?
1. Swollen or painful joints				31. leg cramps			
2. rheumatic fever				32. frequent indigestion			
3. dizziness or fainting				33. gallstones			
4. eye trouble				34. jaundice or hepatitis			
5. ear, nose or throat trouble				35. stomach or intestinal trouble			
6. hearing loss				36. broken bones			
7. severe headache				37. tumor, cyst of growths			
8. chronic colds				38. scarlet fever			
9. blood, albumen or sugar in urine.				39. nervous trouble of any kind			
10. sinuses				40. rupture or hernia			
11. emphysema or bronchitis				41. piles or rectal trouble			
12. skin disease				42. kidney stone			
13. thyroid trouble				43. communicable disease			
14. head injury				44. arthritis or bursitis			
15. high blood pressure				45. asthma			
16. low blood pressure				46. loss of finger or toe			
17. shortness of breath				47. chronic back pain			
18. pain or pressure in chest				48. foot or knee trouble			
19. chronic cough				49. neuritis or nerve inflammation			
20. heart trouble				50. paralysis			
21. tuberculosis				51. tooth or gum trouble			
22. recent gain or loss of weight				52. trick knee, elbow or shoulder			
23. adverse reaction to drugs or serum				53. loss of memory or amnesia			
24. frequent or painful urination				54. palpitations or pounding heart			
25. liver trouble				55. received HEP B Vaccine			
26. epilepsy or seizures				56. trouble sleeping			
27. diabetes				57. depression or anxiety			
28. unconsciousness or fainting				58. fear of heights			
29. cancer				59. claustrophobia			
30. motion sickness				60. other phobias			

Please include any other medical information that may be of importance.

You may be required to provide a doctors statement confirming your physical ability to function as a firefighter, including, but not limited to a required physical

I certify that the medical information supplied by me on these two pages is true and correct and to the best of my knowledge. I authorize officials of the Manchaca Volunteer Fire Department, and/or the departments Medical Director, to contact my doctor to verify this information and I authorize my doctor to release the information needed for verification.

APPLICANTS SIGNATURE _____ DATE _____



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Upon completion of the application you are required to attach the following:

- A COPY OF YOUR VALID STATE OF TEXAS DRIVERS LICENSE.
- A COPY OF YOUR PERSONAL AUTO LIABILITY INSURANCE.
- A COPY OF THE MEDICAL STATEMENT AND QUESTIONNAIRE.
- COPIES OF ANY PREVIOUS TRAINING RECORDS.

Any MVFD member in good standing may make recommendations concerning your application, however the Board of Directors will make the final decision on approval or rejection of your eligibility.

I CERTIFY that the information, statements and attachments I have provided with this application are true and correct to the best of my knowledge and authorize the verification of it. Any misrepresentation or deliberate omission of a fact in this application shall be grounds for rejection of your application or, if a member, grounds for expulsion from the department.

APPLICANTS SIGNATURE _____ DATE _____

FIRE DEPARTMENT BOARD USE ONLY

APPROVAL DISAPPROVAL

ASSIGNED UNIT NUMBER: _____

SIGNATURE OF THE PRESIDENT _____ DATE _____

SIGNATURE OF THE CHIEF _____ DATE _____