LEAGUE CITY VOLUNTEER FIRE DEPARTMENT

601 2nd Street League City, TX 77573 Phone 281-554-1465

Fax 281-554-1469

Dear Applicant:

Thank you for your interest in becoming a member of the League City Volunteer Fire Department. Our success as a community service organization depends on knowledgeable, educated and dependable people who are willing to give time and effort for a common goal. We are pleased to see your interest in being part of our family.

The process of becoming a LCVFD member is straightforward. Please complete the attached application it its entirety. Include all names, telephone numbers, and addresses, etc. A background and driving record check will be conducted from this information. A valid Texas driver's license with a League City address must also be present. Following receipt of this completed application you will be enrolled in the upcoming firefighter cadet class.

The objective of the firefighter cadet class is to provide each applicant with the minimum training required to function as a member of this department. It will cover both classroom and practical training that will provide basic firefighting and department operational knowledge.

You will be asked to participate in the regular non-firefighting activities of the fire department such as Tuesday evening trainings. These sessions will serve to introduce you to the fire department's members and likewise them to you. This introduction is important as a confirmation vote of the general membership is required for membership.

Firefighter cadet classes are scheduled as required throughout the year. It will require approximately 150 training hours and will include a health physical and a station assignment. Following the receipt of your completed application, you will be contacted to verify the time and location of the starting class. If you have any questions please feel free to call the department office at 281-554-1465.

On behalf of the Membership Committee and the Training Committee we look forward to having you as a member of the League City Fire Department.

Ryan Brady Vice President/Membership Coordinator Jack Helton **Training Officer**



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Attention membership committee:

Attached is my application for membership with the League City 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 certify that I have carefully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about my background.

I certify that I am least eighteen years of age for regular membership; a legal resident of the United States, a resident of League City, Texas; hold a current Texas drivers' license; have a social security number; and have a high school diploma or GED equivalent.

By signing my name to this letter I consent to the investigation of all facts and circumstances given in the attached application for membership to the League City Volunteer Fire Department. I also consent to the interview of any references provided herein, and to any background investigation needed by any law enforcement agency. I understand that I am also subject to random drug screening during my membership with the fire department.

I fully understand that should any information herein be investigated and found to be false, that I will subject to dismissal for the League City Volunteer Fire Department Academy or the League City Volunteer Fire Department itself without recourse.

By signing below, I also agree that should I become a member of the League City Volunteer Fire Department, it is my responsibility to obtain copies of all governing bylaws and policies. It is my responsibility to comply with these by-laws and policies. I understand that if I fail to comply with these by-laws and policies, I may face disciplinary actions and /or termination of my membership from the department.

Applicant Signature	Date of Application



Please print all information clearly.

Personal Information											
Last Name:		First Name:					MI: Nick Name:		Name:		
Physical Address: Sex: Male Fem							Female				
City:	State				2	Zip:	p:			Height: Weight	
Email address: Drivers License No.: TDL											
Cell Phone:	Home Phone:			Wo	rk Pho	hone: Drive License Class:					
Social Security No.: US Citizen: Yes No											
			Milita	ry Ser	vice						
Branch: To: If in military, list type o					e of d	isch	arge:				
		Eı	nployı	ment F	listo	ry					
Present Employer: Position Held:											
Work Address:											
City:	State: Zip			Zip:			How long present with employer: Years Months				
	ight Days ☐ Straight Nights ☐ 8 hour ☐					10 ho	10 hour □ 12 hour □ Other				
If less than (3) y			employ	er, list r	revio	ous em	ployer(s). Mos	st rec	ent first	t.
Employer Name:		Address:					Phone:			Reason for Leaving:	
Employer Name:	Ad	Address:				Ph	Phone:		Re	Reason for Leaving:	
For Office Use Only											
Date received application:		Date of next academy class:					Date contacted for academy class:				
Background Check: Clear N/C		Medical Exam: ☐ Pass ☐ Fail					Drug Screen: ☐ Pass ☐ Fail				
Approved for Academy: Yes No Date:					Approved for Membership: Yes No Date:						

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Background Information								
Have you ever been convicted of Yes No If yes, give t	of a crime (Exce he following inf			tions)				
Offence Charged	City / Coun		State	D	ate	Dis	position of Case	
	Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor? Yes No If yes, list below							
Offence Charged	City / Coun	City / County State			Date Dis		position of Case	
	T	raffic Re	ecord					
Has your driver's license ever been suspended or revoked? Yes No If yes, give date, location & reason:								
Offence Charged	City / Coun	ty S	State	D	ate	Dis	position of Case	
Vehicle Insurance Company		Ager	nt				Phone	
List all traffic citations you have received in the last five (5) years. (excluding parking tickets)								
Offence Charged			City / County State			State	Date	
List any accidents within the last three (3) years. (excluding parking tickets)								
Location						Date	At Fault	
							Yes No	
							Yes No	
							Yes No	
Education								
Institution Name S				Date of attendance From Until			Did you graduate?	
							Yes No	
							Yes No	
							Yes No	
If you did not graduate from high school, did you attain a GED? Yes No								

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Firefighting Experience and Training							
Have you previously been a member of a fire department? Yes No If yes, list departments below:							
Department Name	Address	From	Until				
_ op mounter a smear				5			
Are you a certified firefighter	Yes No Level:	Da	te received:				
Are you a certified instructor?	Yes No Level:	Yes No Level: Date received:					
Have you attended any fire fig	hting schools? Yes No	Attach copies	s of any certifi d.	cates you			
	References						
Have you ever applied for me	mbership with the League City V	olunteer Fire De	epartment?	Yes No			
Are you a member of another	department? Yes No						
List any members of the LCV	FD with whom you are acquainte	ed:					
	Name						
List three (3) references, other	than relatives and others named	above:					
Name	Address	Phone	F	Relationship			
	Emergency Contact Infor	mation					
Name	Address	Phone	F	Relationship			
Why do you want to become a member of the League City Volunteer Fire Department?							

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How Did You Hear About Us					
How did you hear we were accepting applications:					
Statement of Veracity					
Review your answers carefully and	read the statement below before singing				
I represent andwarrant that the answers I have given are complete and true to the best of my knowledge and belief.					
I further anckowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions thoroughly and truthfully.					
I understand that filure to answer all questions completely and sincerely will subject me to dismissal from the League City Volunteer Fire Department.					
Applicant Signature	Date Signed				

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