

**HARDIN COUNTY EMERGENCY SERVICES DISTRICT #7**  
**VOLUNTEER FIRE DEPARTMENT**  
**Volunteer Application**

*The Hardin County ESD#7 Volunteer Fire Department is a great opportunity for you to help your local fire and emergency services departments as well your community. To ensure that your time and talents will be best utilized, fill out the following form and return it to an ESD Commissioner or email to Hardincountyesd7@gmail.com.*

Date of Application: \_\_\_\_\_

**Member Information**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail: \_\_\_\_\_

Sex Male  Female  Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Marital Status Single  Married  Divorced  Other

**Employment Information**

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Schedule \_\_\_\_\_

**Driving Information**

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Emergency Contact**

Contact 1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact 2 \_\_\_\_\_ Phone Number \_\_\_\_\_

**Firefighting/Rescue/Medical Experience and Training**

Department Name	Address	From	Until

**\*\*NOT A REQUIREMENT, WE HAVE TRAINING!!\*\***

List of Certifications


Have you attended any firefighting schools? Yes  No

Have you previously been a member of a fire department? Yes  No

**Attach copies of any certifications you have received**

**References**

Name	Phone	Relationship

Are you willing to actively respond to calls and attend meetings whenever possible? Yes  No

Are you within 15 minutes driving time of the station while obeying all traffic laws? Yes  No

Have you had any moving violations or traffic tickets within the last three years? Yes  No

If yes, please explain:

Have you ever been removed or asked to resign from another fire department? Yes  No

If yes, what department?

Reason?

Do you have medical problems, health problems or physical problems that would prevent you from extremely stressful or vigorous firefighting activities? Yes  No

If yes, you could still be used in other areas of the department.

In the event of an accident, injury, or death during an ESD 7 VFD official activity, do you agree that you will not hold the ESD 7 VFD and/or any officer or member thereof either liable or financially responsible? Yes  No

<b>MINIMUM QUALIFICATIONS</b>
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1. Must be at least 16 years old to be a Junior Firefighter or must be at least 18 years of age for full firefighter/department membership.
2. Be of Good Moral character
3. Anyone 18 years of age and older must have a valid Texas issued driver's license
4. Drug Free
5. Must take a minimum of 1 training meeting every 8 weeks
6. Pass a criminal background check

Is there a specific job or area you might be interested in? *(please check all that apply)*

- Administrative
- Bookkeeping
- Chaplain
- Junior firefighter
- Fundraising
- Grant writing
- Incident reporting
- Data management
- Fire prevention/life safety education
- Preplanning
- Social media
- Special projects
- Website developer/maintenance
- Not Sure
- Other \_\_\_\_\_

Please list any special talents or skills:

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Any false information or statement made by an applicant in his/her application shall disqualify the applicant from membership of this department.

Any willful misconduct or disregard for our written constitution and by-laws could lead to being removed from this department.

**I have answered all of the above questions honestly and to the best of my ability.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent or guardian signature if applicant is under 18 years of age.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

*On behalf of the Hardin County Emergency Services District #7 Volunteer Fire Department, we would like to thank you for supporting your local fire and emergency services.*

***“My fellow Americans: ask not what your country can do for you—ask what you can do for your country.” John F. Kennedy***