

Applicant Name: _____

PONDER VOLUNTEER FIRE DEPARTMENT

P.O. Box 386 Ponder, Texas 76259

Phone: 940-479-2488

Fax: 940-479-9271

Dear Applicant:

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

The process of becoming a PVFD member is straightforward. Please complete the attached application in 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 must also be present.

You will be asked to participate in the regular non-firefighting activities of the fire department such as Tuesday evening meetings, trainings, and Saturday duties. 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 to become a member of our department.

Firefighting and emergency medical service classes are scheduled as required throughout the year. Following the receipt of your completed application, you will be given a copy of our Constitution and By-laws and our Standard operating guidelines. If you have any questions feel free to reach out to any officer for clarification and answers.

On behalf of the membership we look forward to having you as a member of the Ponder Volunteer Fire Department.

James Longbrake
Fire Chief

Andrew Economedes
Assistant Chief



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Attention membership committee:

Attached is my application for membership with the Ponder 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 I 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 at least eighteen years of age for regular membership; a legal resident of the United States, a resident of Ponder, Texas; hold a current Texas driver's 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 Ponder 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 must pass a medical examination, and a drug screening before being voted in as a full member. 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 be subject to dismissal from the Ponder Volunteer Fire Department without recourse.

Printed Name

Applicant's Signature

Date of Application

Ponder Volunteer Fire Department

Application for Membership

Please print all information clearly

Personal Information					
Last Name:		First Name:		MI:	Nick Name:
Physical Address:				Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
City:		State:	Zip:	Height: ' ''	Weight: lbs.
Email address:				Driver License No: TDL	
Home Phone:	Work Phone:		Cell Phone:	Driver License Class:	
Date of Birth:	Place of Birth:			Social Security No:	
US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Material Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Spouse's Name:	
Military Service & Employment History					
Military Service:					
Branch:		From:		To:	
Present Employer:				If in military list type of discharge:	
Work Address:				Position Held:	
City:		State:	Zip:	How long with present employer: years months	
Work Schedule: <input type="checkbox"/> Straight Days <input type="checkbox"/> Straight Nights <input type="checkbox"/> Straight Evenings <input type="checkbox"/> Shift Worker		Shift Length: <input type="checkbox"/> 8 hour <input type="checkbox"/> 10 hour <input type="checkbox"/> 12 hour <input type="checkbox"/> other			
If less than three (3) years with present employer, list previous employer(s). Most recent first.					
Employer Name:	Address:		Phone:	Reason for Leaving:	
Employer Name:	Address:		Phone:	Reason for Leaving:	
For Office Use Only					
Date received application:	Reviewed By:			Date contacted for interview:	
Background Check: <input type="checkbox"/> Clear <input type="checkbox"/> N/C	Medical Exam: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Drug Screen: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Approved for Academy: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:			Approved for Membership: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:		

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Background Information				
Have you ever been convicted of a crime? (Except traffic violations) <input type="checkbox"/>				
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give the following information.				
Offense Charged	City / County	State	Date	Disposition of Case
Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor? <input type="checkbox"/>				
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list below.				
Offense Charged	City / County	State	Date	Disposition of Case
Traffic Record				
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date, location, and reason:				
Offense Charged	City / County	State	Date	Disposition of Case
Vehicle Insurance Company		Agent		Phone
List all traffic citations you have received in the last five (5) years. (excluding parking tickets)				
Offense Charged	City / County		State	Date
List any accidents within the last three (3) years; give approximate date and locations:				
Location			Date	At Fault
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Education				
Institution name	State	Date of attendance From Until		Did you graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you did not graduate from high school, did you attain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Firefighting Experience and Training				
Have you previously been a member of a fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list departments below:				
Department Name	Address		From	Until
Are you a certified firefighter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What level?	Date received?	
Are you a certified instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	Date received?	
Have you attended any fire fighting schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach copies of any certificates you have received		
References				
Have you ever applied for membership with the Ponder Volunteer Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you now a member of another fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List any members of the PVFD with whom you are acquainted.				
Name			Phone	
List three (3) references, other than relatives and others named above:				
Name	Address	Phone	Relationship	
Emergency Contact Information				
Name	Address	Phone	Relationship	

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Medical Information		
Name of physician	Address	Phone
Blood type:	Date of last tetanus:	
Allergic reactions (medication, insect bite, etc.)		
Special medical problems / needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Do you have any physical disabilities, chronic diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Are you currently taking medication prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Have you ever been treated for a work or fire service related injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Do you have any defects, diseases, or deformities that may interfere with fire fighting activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Statement of Veracity		
<p style="text-align: center;">Review your answers carefully and read the statement below before signing</p> <p>I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.</p> <p>I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions thoroughly and truthfully.</p> <p>I understand that failure to answer all questions completely and sincerely will subject me to dismissal from the Ponder Volunteer Fire Department.</p> <div style="display: flex; justify-content: space-between; margin-top: 50px;"><div style="width: 45%; text-align: center;"><hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>Applicant's Signature</div><div style="width: 45%; text-align: center;"><hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>Date signed</div></div>		

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Why do you want to become a member of the Ponder Volunteer Fire Department?

Additional information as needed in the space below.