



# Retreat Volunteer Fire Department

PO Box 731 Corsicana Tx, 75151

[www.Retreatfire.org](http://www.Retreatfire.org) [www.facebook.com/Retreatvfd](https://www.facebook.com/Retreatvfd)

Chief : Hunter Smith | Assistant Chief: Jason Cates



## Application for Membership

Thank you for expressing interest in the Retreat Volunteer Fire Department. The Retreat Volunteer Fire Department provides a variety of Emergency Services to our community. We at the Retreat Volunteer Fire Department are very proud of our department and believe we provide the best medical and fire service to our community. We provide our citizens and people passing through our area with a high level of service.

The Retreat Volunteer Fire Department provides emergency response to approximately 15 square miles starting at the City of Corsicana to the banks of Richland Creek. We also provide mutual aid to 30+ square miles with our neighboring departments.

The Retreat Volunteer Fire Department provides training for its members, to include: Firefighter classes, First Aid and CPR. Please realize you must have extra time in your schedule for emergency responses, training, and department functions. We mention this so you can take this into consideration before making a decision about joining our Department. Balancing family, work, other obligations, and recreation, while still providing time for our Department can sometimes be challenging, however rewarding, as well. This should give you a brief idea of what we are all about at the Retreat Volunteer Fire Department. Again, thank you for expressing interest in our department. We hope to make your experiences in emergency services a rewarding one.

Chief of Retreat Volunteer Fire Department

Hunter Smith



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Please print or type

### ***Personal Information***

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ email: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Can we call you at work? Yes  No

Can you respond from work? Yes  No

Drivers License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Class: \_\_\_\_\_

### ***Formal Academic Education***

High School Diploma: Yes  No  GED: Yes  No

College: Yes  No  College/University: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

### ***Fire/EMS Education and Training***

Are you a certified Firefighter: Yes  No  Level: \_\_\_\_\_ State: \_\_\_\_\_

Are you a certified EMT: Yes  No  Level: \_\_\_\_\_ State: \_\_\_\_\_

Are you certified in Haz-Mat: Yes  No  Level: \_\_\_\_\_ State: \_\_\_\_\_

List training attended in last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use back of page if needed. Also, attached any certificates or training reports)

### ***Experience***

Fire Experience (Field, classes, continuing education, etc.)

\_\_\_\_\_



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Driving Experience (Types of vehicles, terrain, weather, etc.)

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Related Experience (Communications, dispatch, clerical, mechanical, etc.)

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*Other*

Reason for applying:

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Goals and Expectations from the Department:

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Are you currently involved in other Activities or Organizations:

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What capacity are you most interested in volunteering (fire, medical, support, technical, etc.)

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How will your family react to the time commitment of a fire department:

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Current schedule of availability:

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### ***Records***

Health Record: Excellent [ ] Good [ ] Fair [ ] Poor [ ]

List any health or physical limitations that may be affected by strenuous work:

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Driving Record: Have you been convicted of a moving vehicle offense in the last 5 years:

Yes [ ] No [ ] If Yes, explain:

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Have you been the driver of a vehicle in an accident resulting in injuries or over \$500 damage in the last 5 years? Yes [ ] No [ ] If Yes, explain:

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Military Record: Have you served in the Armed Forces? Yes [ ] No [ ]

Branch: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Court Record: have you ever been convicted of a felony: Yes [ ] No [ ] If Yes, explain:

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Do you have any legal action pending other than civil? Yes [ ] No [ ] If Yes, explain:

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### ***In Case of an Emergency Notify***

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_



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I understand that a background and records check will be performed by the office of the Fire Chief for official department use. Any falsification will result in administrative action up to dismissal. I also understand and agree that if I am accepted as a member of the Retreat Volunteer Fire Department, I will uphold and abide by the Constitution and Bylaws, and all departmental Standard Operating Guidelines. I agree and accept personal responsibility for any and all department gear, equipment, and materials, which may be issued to me or placed under my care, up to and including monetary reimbursement for loss or negligence. If directed to return department issued gear, equipment, or materials, I will do so promptly. Applicant acknowledges that the state value of the equipment consists of: Turnout gear \$1,300, Pager/Radio with charger \$389, Wildland Gear \$555, Badge \$90, ID Card \$10. Applicant agrees to be held fully responsible for the gear, and the amount stated herein, in the event of the failure to return said equipment. Applicant furthermore agrees to pay the full reasonable and necessary attorney's fees incurred by the Retreat Volunteer Fire Department in obtaining a judgment against the applicant for the return of said equipment or a monetary judgment, in the event applicant fails to return the equipment. When leaving active status with the department, I agree to remove any department identification from my vehicles, and will remove any "Light(s)" unless becoming active in another fire department. I agree not to engage in any activity that would discredit the Retreat Volunteer Fire Department or the fire service in general.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Sponsored By: \_\_\_\_\_

Sponsor's Initials: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Disapproved Date: \_\_\_\_\_

Chief's Signature: \_\_\_\_\_