

LEAGUE CITY VOLUNTEER FIRE DEPARTMENT

555 W. Walker League City, TX 77573

Phone 281-554-1465

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 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 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.

Jonathan Moeller
Vice President /Membership Coordinator

Jack Helton
Training Officer



www.lcvfd.com

Rev. 02.04.2016

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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 by-laws 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



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Rev. 02.04.2016

League City Volunteer Fire Department
Application for Membership

Background Information				
Have you ever been convicted of a crime (Except traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the following information.				
Offence 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 If yes, list below				
Offence 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 If yes, give date, location & reason:				
Offence 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)				
Offence Charged	City / County	State	Date	
List any accidents within the last three (3) years. (excluding parking tickets)				
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	
			<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				

League City Volunteer Fire Department
Application for Membership

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	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 League City Volunteer Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a member of another department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any members of the LCVFD 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
Why do you want to become a member of the League City Volunteer Fire Department?			

League City Volunteer Fire Department
Application for Membership

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 signing	
I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.	
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.	
I understand that failure to answer all questions completely and sincerely will subject me to dismissal from the League City Volunteer Fire Department.	
_____	_____
Applicant Signature	Date Signed



LCVFD AUTHORIZATION FOR BACKGROUND CHECK

I, _____, hereby authorize League City Volunteer Fire
(print legal first, middle, last name)

Department to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying.

I understand that League City Volunteer Fire Department will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee

Date

Employee's Name – Printed

Date of Birth