



Magnolia Volunteer Fire Department

P.O. Box 1210 ~ Magnolia, Texas 77353
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www.magnoliafire.org

Magnolia Volunteer Fire Department Application for Membership

Welcome to the Magnolia Volunteer Fire Department... MVFD has six stations, each located within seven miles of each other. We currently have over 80 active members and over 30 duty crew members in our department. We are one of the largest volunteer departments within Montgomery County and we cover over 280 square miles of territory. The members of our department meet every Tuesday of the month at 7:00 p.m. Below are the qualification requirements for becoming a member of our department. Attached you will find an application for membership.

To become a member of the Magnolia Volunteer Fire Department:

1. Complete an application for membership.
2. Station assignment for applicants for membership shall be based on the geographical location of where they reside, unless they are paid personnel. New Member applicants will report to the station they are closest too. This will be determined by road distance.
3. Be at least 18 years old, (or meet the requirements for Junior Member).
4. To be a suppression member, applicant must be able to read, write and understand the English language.
5. Shall be felony free and shall not have been convicted of any offense other than a minor traffic violation within five (5) years preceding the date of application for membership. NO individual will be accepted for membership with an arson conviction. (A background check will be completed by MVFD).
6. Provide a copy of a valid Texas Driver's License or Texas Identification Card.
7. Provide a proof of liability insurance on all vehicles registered in their name or vehicles they drive.
8. Must sign a medical liability waiver on the Department's provided form.
9. Be accepted for membership as specified below:
 - A. Submitted a complete application and turned into Station Captain or Station Representative (who then forwards it to the Station Captain).
 - B. Once the application has been accepted and dated by the Station Captain, the applicant may attend Department training and activities. You will need to use your Social Security Number as your identification number until you are voted in and assigned a Department ID Number, otherwise referred to as your Firefighter ID (FFID).
 - C. Applicant's acceptance into the Station shall be voted on by the Station Members at the next regular monthly station meeting where the below criteria has been satisfied:
 1. Once the application has been turned in, your application must be on file with the department for 30 days. After the 30 days, you will be eligible to be voted in at the next station meeting.
 2. Logged a total of 10 hours of time with the departments; 6 hours of the hours being scheduled training, and the other 4 hours being from attendance and/or work nights at your assigned station.
 3. The Board will then vote on applicant at the next regularly scheduled meeting after the application has been complete and voted on by the station. You must be present in order to be voted in.
 4. You are encouraged to attend all station and department activities. You are also welcome to come by the station anytime there are station members present.
10. All new members will be subject to a swearing in of the Departments oath.
11. All new members are on probation for the first year in the Department (longer if deemed necessary by the Captain, for just cause).

Department Meetings: 1st Tuesday of the month - Station Meeting, 2nd Tuesday of the month - Station Training, 3rd Tuesday of the month - Station Work Night, and the 4th and 5th (if, applicable) Tuesday of the month - Departmental Training. Training schedules are located at each station or copies may be picked up at the Central Station in Magnolia (Station 1).

The Magnolia Volunteer Fire Department welcomes all applicants to the Department. If you have any questions, you can contact the Department Secretary at 281-356-3288, Monday-Friday 8-5, or your Station Captain. Thank you for applying within our Department, we look forward to meeting you and working with you.

PLEASE KEEP THIS SHEET FOR YOUR INFORMATION

By filling out this application, you are agreeing to the Magnolia Volunteer Fire Department terms and conditions as described above.

Medical History Information

- 1. Eyesight**
- A. Have you ever lost use of either eye? Yes ___ No ___ Remarks: _____

- B. Is peripheral (side) vision restricted? Yes ___ No ___ Remarks: _____

- C. Are you color blind? Yes ___ No ___ Remarks: _____

- D. Do you have, or have you ever had cataracts? Yes ___ No ___ Remarks: _____

- E. Are actual deficiencies corrected by glasses' or contact lenses? Yes ___ No ___ Remarks: _____

- 2. Hearing**
- A. Do you have difficulty hearing normal conversation level? Yes ___ No ___ Remarks: _____

- B. Do you use a hearing aid? Yes ___ No ___ Remarks: _____

- 3. Diabetes**
- A. Have you ever been treated for diabetes? Yes ___ No ___ Remarks: _____

- B. Describe current medication and dosage, if any, under "remarks". Yes ___ No ___ Remarks: _____

- 4. Heart:**
- A. Have you ever been treated for heart disease? Yes ___ No ___ Remarks: _____

- B. Describe Condition: _____
- C. Describe current medication and dosage, if any, under "remarks". Yes ___ No ___ Remarks: _____

- D. Do you have a pacemaker? Yes ___ No ___ Remarks: _____

- 5. Epilepsy**
- A. Have you ever been treated for epilepsy? Yes ___ No ___ Remarks: _____

- B. Describe current medication and dosage, if any, under "remarks". Yes ___ No ___ Remarks: _____

- 6. Blood Pressure**
- A. Have you ever been treated for high blood pressure? Yes ___ No ___ Remarks: _____

- B. Describe current medication and dosage, if any, under "remarks". Yes ___ No ___ Remarks: _____

- 7. Limbs**
- A. Have you ever lost the use of an arm or leg? Yes ___ No ___ Remarks: _____

- B. Does your vehicle have special controls? Yes ___ No ___ Remarks: _____

- 8. Miscellaneous**
- A. Have you ever had, or been treated for, convulsions? Yes ___ No ___ Remarks: _____

- B. If "Yes" give date of last treatment and describe current medication and dosage, if any, under "remarks". Remarks: _____
- C. Have you ever had fainting spells? Yes ___ No ___ Remarks: _____
- D. If "Yes" give date of last treatment and describe current medication and dosage, if any, under "remarks". Remarks: _____
- E. Have you had, or been treated for, loss of equilibrium? Yes ___ No ___ Remarks: _____
- F. If "Yes" give date of last treatment and describe current medication and dosage, if any, under "remarks". Remarks: _____
- G. Have you ever been treated for alcohol or drug abuse? Yes ___ No ___ Remarks: _____
- H. If "Yes" give date of last treatment and describe current medication and dosage, if any, under "remarks". Remarks: _____
- I. Have you ever been treated for mental illness? Yes ___ No ___ Remarks: _____
- J. If "Yes" give date of last treatment and describe current medication and dosage, if any, under "remarks". Remarks: _____
9. What is the date of you last physical examination? Remarks: _____
12. Are there any restrictions posted on your vehicle operators license? Yes ___ No ___ Remarks: _____
13. Are you under the care of a physician for any conditions not mentioned above which may affect your ability to operate a motor vehicle? Yes ___ No ___ Remarks: _____

Full Name, Address, and Phone Number of Personal Physician:

Name: _____ Phone: _____

Address: _____

The answers to the above are complete, accurate and true to the best of my knowledge.

Signature: _____ Date: _____

I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the medical information bureau, local, state, or national organization, institution or person that has any records or knowledge of me or my health to the Magnolia Volunteer Fire Department any such information. A photographic copy, zerox, facsimile, or similar reproduction of this authorization shall be as valid as the original.

Signature: _____ Date: _____

Statement of Understanding

I, _____, being a member of the Magnolia Volunteer Fire Department, understand that if at anytime I am caught talking in disgrace about the Magnolia Volunteer Fire Department or any of its members, I will be subject to disciplinary action of possible termination, whichever the Board deems necessary.

Name: _____

Date: _____

Signature: _____

Date: _____

Criminal History Background

The Magnolia Fire Department conducts *Criminal Background & Driving Record Checks* on all Public Safety Personnel. Please fill in the required information, answer the questions, and return this form to the Fire Department. This information is required for the Criminal History Investigation. This fire department is an equal opportunity employer.

Full Name: _____

_____ Attach copy of Texas Driver's License

1. _____ Have you ever been **arrested**.

If yes, Explain _____

Use back if necessary.

2. _____ Have you ever been convicted of a **Felony** or **Sex Offense**

3. _____ Have you been convicted of a **Class A or B Misdemeanor** within the last **5 years**?

4. _____ Has your Driver's License ever been **suspended** or **revoked**?

If yes, Explain _____

I understand that this information is provided only for the purpose of conducting a Criminal Background & Driving Record Check and I authorize the Montgomery County Fire Marshal's Office to conduct the check on my behalf. I understand that falsifying information on this form or during any part of the application process may result in rejection of my application.

Applicant's Signature

Date

Witness

Date