Volunteer Fire Department (VFD)
APPLICATION FOR MEMBERSHIP

730 Santiago Bustamante
El Paso County, TX 79927
915 858-1197
vfd@ydsp-nsn.gov

Dear Applicant,

Thank you for showing interest in YDSP Volunteer Fire Department. By picking up this application packet, you have shown that you have an interest in protecting and helping the citizens of this community. One must understand that by completing this application packet you will be accepting the responsibilities of this job which is an important and obligatory commitment.

Please read this packet carefully.

1. The application is for a volunteer organization and the information should be provided on a voluntary basis. If you need additional space to complete any of the questions, use a blank sheet of paper. If you have any questions feel free to contact me. Fill in **ALL** the blanks. Make sure the application is signed and dated. Any unsigned/incomplete applications will result in automatic dismissal.

2. Authorization for release of information: This allows the YDSP VFD to obtain any information on your application through a background check with city, state and federal law enforcement agencies.

3. The YDSP VFD is headed by a Fire Safety and Operations Manager, who thereof, has the right to refuse or deny membership to any applicant.

Please complete this application packet to the best of your knowledge and sign all forms.

Respectfully,

Steve Cordova
Fire Safety and Operations Manager
YDSP Volunteer Fire Department

Application date: Start date:

YDSP VFD
MEMBER APPLICATION

Please check the position you are applying for:

☐ Support/Amin. Staff ☐ Firefighter ☐ Emergency Medical Services

_____ _____ _____

Last Name First Name Middle Name

_____ _____ _____ _____

Address City State Zip Code

_____ _____ _____

Home/ Cell Phone Work Phone email address

_____ ____ _____ _____ _____

Date of Birth Age Driver License Number State Last four of S.S. Number

1. Are you a tribal member? ☐ Yes Enrollment #_____ ☐ No
2. Are you 18 years of age? ☐ Yes ☐ No, age _____
3. Do you have any physical/health limitations that could interfere with your performance on the job for which position you wish to volunteer for? ☐ Yes, please explain in space provided below: ☐ No

4. Do you have any commitments or responsibilities that might prevent you from meeting the job requiremens? if Yes, Please explain in the space provided below: ☐ No

5. Do you have any relatives in the Fire Department? ☐ Yes, Who?_____ ☐ No

6. Have you previously applied for this position? ☐ Yes, When?_____ ☐ No

7. Have you ever been convicted of a crime other than parking violations? ☐ Yes,please explain in the space provided below: ☐ No

Availability and Employment History

1. What days are you available? _____

2. What hours are you available? _____

3. Have you ever volunteered/worked with another fire department? ☐ Yes, Please list the department : _____ ☐ No

4. **FireDepartment**

Present Dept: _____ Supervisor'sName_____
Address: _____ Phone: _____
Position: _____ Date(s)Promoted: _____
Total Yrs. in dept: _____ Duties: _____

Past Employer: _____ Supervisor's Name: _____
Address: _____ Phone: _____
Job Title: _____ Date(s) Employed: _____
Total Yrs. Employed: _____ Duties: _____

Education and Training

1. Do you hold any current firefighter certifications? ☐ Yes ☐ No
If you answered "yes", please explain:

2. Do you hold any current medical certifications? ☐ Yes ☐ No
If you answered "yes", please explain:

3. Do you hold any specialty training that you can use in the fire service? ☐ Yes ☐ No
If you answered "yes", please explain:

YDSP VFD Acknowledged Requirements

I acknowledge and understand that applicants for Firefighter/EMT with YDSP VFD will be obligated to:

1. Refer to and follow the YDSP VFD constitution, By-laws, S.O.P./Policies of this department. Candidates will participate in a 12-month probationary period with 6-month period of training from a field training officer. The following must be completed or accomplished during the 12-month probationary period.

1. Attend monthly meetings (1stTuesday of Month (**SUBJECT TO CHANGE**))
2. Attend drills with the Fire Department.
3. Attend functions/Events of Fire Department.
4. Respond to all incidents
If unable to attend must provide an explanation for not attending.
5. If applicable agree to reimbursement commitment

I understand that if I should be accepted as a member of the YDSP VFD I will uphold the constitution and by-laws of this department. I also agree to participate fully in all activities associated with the YDSP Volunteer Fire Department. I further agree that all statements and facts set forth in this application for membership are true to the best of my knowledge. I also understand that any false statement or misrepresentation will result in immediate dismissal from the YDSP VFD.

_____ _____
Signature of Applicant Date

EMERGENCY CONTACT INFORMATION

Primary Contact :

_____ _____ _____
Last Name First Name Relationship

_____ _____ _____ _____
Street Address City State Zip Code

_____ _____ _____
Home Phone Cell Phone Work Phone

Secondary Contact

_____ _____ _____
Last Name First Name Relationship

_____ _____ _____ _____
Street Address City State Zip Code

_____ _____ _____
Home Phone Cell Phone Work Phone

REQUIREMENTS FOR MEMBERSHIP TO THE YDSP VFD

FIREFIGHTER/EMT CADET:

* Must be at least **18** years of age.

* Must be a Citizen of the United States.

* Must provide a copy of Birth Certificate.

* Must provide a copy of social security card

* Must provide a copy of state issued identification card/ driver license (DL preferred) once membership is approved a Type AR driving record and a Criminal Background check will be required.

* Must provide a copy of High School Diploma.

* Must provide a Resume

* Must provide a copy of physical examination certification. (Not older than six months) and sign a Release for a Physical Agility Test.

* Must sign criminal background check (Not older than six months) once membership is approved.

* Shall provide a copy of current Emergency Medical Services and Fire certifications (if applicable)

* Must provide a copy of current Shot record and TITERS

* Must sign receipt of SOG ,YDSP Policy Manual and Charter (once membership is approved)

ALL of the above listed items must be attached to the application packet for membership consideration. All applications must be submitted at the YDSP VFD Headquarters located at 730 Santiago Bustamante, El Paso County Texas.

INCOMPLETE APPLICATIONS WILL RESULT IN AUTOMATIC DISMISSAL.

YDSP VFD Contact Information

Steve Cordova
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730 Santiago Bustamante
(Office) (915)858-1197
(Mobile) (915)487-5777