

**Lacy Lakeview Fire Department
Lacy Lakeview Fire Association, Inc.
505 E Craven
PO Box 154549
Waco, TX 75715-4549**

Join the Lacy Lakeview Fire Department.

The fire Department is accepting applications for new members. The requirements are:

- Minimum of 18 years of age
- Reside in the city limits of Lacy Lakeview
- No convictions of any felony or arson
- Must have a valid Texas driver's license
- Pass a department background investigation
- Pass a physical examination and drug/alcohol screening
- Willing to serve your community on a volunteer basis
- Must attend training on Tuesday nights and/or optional monthly Saturday drill

Applications are available at the Lacy Lakeview Fire Department, Police Department, and at City Hall. If you have any questions, please contact Fire Chief/Fire Marshal Patty Faulkner at 254-799-2479 ext 2015.

Application Process:

- Return the completed application to Fire Chief/ Fire Marshal Patty Faulkner. She will let you know when the next scheduled meeting is.
- Attend the next meeting or training date. The department has a business meeting on the first Tuesday of every month and Training meeting and the 2nd, 3rd, and 5th Tuesdays of

every month. All start at 7p.m. All meetings and trainings are held at the Fire Station located at 505 E. Craven.

- At a business meeting you must address the membership and tell them why you want to become a Lacy Lakeview Volunteer Firefighter.
- Applicant will need to make 3 consecutive meetings to be able to be evaluated for membership into the organization. During this time, they are not allowed to respond to any call.
- After this observation period, at the next scheduled business meeting, the association will either recommend or deny membership into the association. Final approval for active membership is granted by the Fire Chief.
- After being made an active member, they will be issued equipment by the department which will include pager, turn out gear, by-laws and SOP's. They will be insured by the city in case of injury. The member will be required to maintain active membership requirements.
- New Members will need to go thru an introductory training program before they can actively fight fire. This training is documented and must be completed before active firefighting. Until then they are to observe and may participate in other activities such as rehab.
- All members will be required to attend 20% of meetings and calls. Members not attending the required 20% of meetings and calls shall be placed on inactive status and shall receive a letter from the association inquiring about the members intentions. While on inactive status, members may not respond to calls and may not vote on issues brought to vote before the association.
- Further information is available at the fire department or by contacting Patty Faulkner at 254-799-2479 ext 2015

MEMBERSHIP APPLICATION

Lacy Lakeview Fire Association, Inc.

City of Lacy Lakeview, Texas

If you need assistance in completing this application, please contact the Association President. Please Print in Black Ink or type legible. The following information is requested of you for verification and contact purposes. Do not leave any space blank.

DATE SUBMITTED: _____

PERSONAL INFORMATION:

NAME: _____
(Last) (First) (M.I.) (Maiden)

HOME ADDRESS: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Ext.: _____

Place of Employment: _____

Work Address: _____ Title/Position: _____

Birthdate: _____ Texas Drivers License: _____ Expires: _____
(Month) (Day) (Year)

Social Security Number: _____

(In accordance with Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Glasses: Yes No
Circle one

GENERAL INFORMATION:

Previous Fire Fighting Experience? Yes No . If Yes, please explain in the space below:
Circle One

Previous Medical Experience? Yes No . If Yes, please explain in the space below:
Circle One

Have you ever been terminated or dismissed from any volunteer or paid fire department, ambulance service or other emergency service organization? Yes No . If Yes, please explain in the space below:
Circle One



Have you ever been convicted of a felony? Yes No . If Yes, please explain in the space below:
Circle One

Have you ever been convicted of a arson? Yes No . If Yes, please explain in the space below:
Circle One

Have you ever had an accident involving serious injury or death? Yes No . If Yes, please explain in the space below:
Circle One

REFERENCE: During the course of the background investigation, persons who know you will be asked to comment upon your suitability for a position with the department.

Name: _____ Home Phone #: _____
(Last) (First)

Home Address: _____
(City) (State)

Other Contact Phone # _____ Relationship: _____

Name: _____ Home Phone #: _____
(Last) (First)

Home Address: _____
(City) (State)

Other Contact Phone # _____ Relationship: _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

The Lacy Lakeview Fire Association, Inc. (the "fire Department") does not discriminate in its recruiting, selection, or acceptance procedures because of race, color, sex, marital status, religion, national origin, age, handicap, or veteran status. I understand that completion of this application form does not constitute acceptance as a member of the fire department. I authorize the fire department to make any inquires regarding my past firefighting/EMS experience, criminal history, driving record, volunteer service, or personal references for the purpose of determining my qualifications for acceptance as a member. I hereby affirm that my desire to volunteer with the fire department is of my own free will. I understand that the Lacy Lakeview Fire Association, Inc. will not be liable for any personal injury that may occur during the course of duty as a member of the fire department. I also understand that the fire department may terminate my membership at any time regardless of my length of service, with just cause as set forth by the Bylaws and/or Standard Operating Procedures of the Lacy Lakeview Fire Association, Inc.

I hereby affirm that I have read and understand the above statement, and that my answers on this application are true and correct. I understand that any misstatements may be cause for membership denial or dismissal.

Signature: _____ Date: _____



DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	