

Date: _____

Station: _____



KLEIN VOLUNTEER FIRE DEPARTMENT

16810 Squyres Road * Klein, Texas 77379 * (281) 376-4449

Volunteer Member Application

Last Name First Name Middle Initial Date of Birth

Address Apt # City State Zip Code

Phone # (Home) Phone # (Cell) Email Address

Employer Supervisor Phone # (Business)

May We Contact Your Present Employer Concerning Your Qualifications, etc? _____ Yes _____ No

Social Security # Drivers License # Class (A, B, C) Expiration Date

Spouse's Name Phone # (Business / Cell)

In Case of Emergency Notify: Name Phone # Relationship

Dependents Name Date of Birth Dependents Name Date of Birth

Dependents Name Date of Birth Dependents Name Date of Birth

Position Applied For: **Suppression Firefighter** **Support Firefighter** **General Member**
(Circle One)

List any special course work, training, or experience which qualifies you for the position to which you are applying.
(Fire Fighting, First Aid, C.P.R. etc)

Date Received By 3rd Vice President: _____
Revised 02/15/10

Date Approved By 3rd Vice President _____

Date: _____

Station: _____

Volunteer Membership Application – Continued

Within the past 10 years have you resigned or been discharged from a job (paid or volunteer) as a result of misconduct? _____ Yes _____ No

Within the past 10 years have you been arrested and/or convicted of any law violation? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If any yes answers were given to the above three (3) questions, you are required to give complete information and details. A “Yes” answer does not automatically bar you from acceptance in Klein Volunteer Fire Department.



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the medical information bureau or any other organization, institution, or person that has any records or knowledge of me or my health, to give our current insurance carrier and or Klein Volunteer Fire Department any such information. A photographic copy, Xerox copy or similar reproduction of this authorization shall be as valid as the original.

I authorize Klein Volunteer Fire Department to investigate my background, driving record, personal and employment history. I understand that this background investigation will include, but not be limited to verification of all information on my employment application.

I intend to contribute personal service to perform the objectives of the Klein Volunteer Fire Department. I reside and or work in the Klein Community or adjacent areas. I am at least 18 years of age.

Applicant Signature Date



Interviewed By: Date

Reviewed By District Chief: Date:

Approved By Department Chief: Date:

Final Approval By 3rd Vice President Date:

Date: _____

Station: _____

KLEIN VOLUNTEER FIRE DEPARTMENT MEDICAL STATEMENT OF PERSONNEL

NOTE: Klein Volunteer Fire Department has the right to require all approved members to submit to a complete physical from an approved health care provider. If any of the questions are answered "yes" ensure the answer is fully explained.

Last Name	First Name	Middle Initial	Date of Birth
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1. Eyesight:

- a. Have you lost use of either eye? ___ R ___ L ___ Yes ___ No
- b. Is peripheral (side) vision restricted? ___ Yes ___ No
- c. Are you color blind? ___ Yes ___ No
- d. Do you have, or have you ever had cataracts? ___ Yes ___ No
- e. Are deficiencies corrected by glasses or contact lens? ___ Yes ___ No
- f. Date of last eye examination: _____

2. Hearing:

- a. Do you have difficulty hearing normal conversation levels? ___ Yes ___ No
- b. Do you use a hearing aid? ___ Yes ___ No

3. Diabetes:

- a. Have you ever been treated for diabetes? ___ Yes ___ No
- b. Describe current medications and dosage, if any and method of administration under "Remarks"
- c. Date of last blood sugar test: _____

4. Heart:

- a. Have you ever been treated for heart disease? ___ Yes ___ No
- b. Do you have a pacemaker? ___ Yes ___ No
- c. Describe condition under "Remarks"
- d. Describe current medication and dosage if any under "Remarks"
- e. Date of last treatment/check up: _____

5. Epilepsy:

- a. Have you ever been treated for epilepsy? ___ Yes ___ No
- b. If "yes" when was you last seizure: _____
- c. Describe current medication and dosage if any under "Remarks"

6. Blood Pressure:

- a. Have you ever been treated for high blood pressure? ___ Yes ___ No
- b. If "yes" when were you last treated: _____
- c. What was you last blood pressure reading: _____
- d. Describe current medication and dosage if any under "Remarks"

7. Limbs:

- a. Have you lost an arm or leg? ___ Yes ___ No
- b. Have you lost the use of an arm or leg? ___ Yes ___ No
- c. Does your vehicle have special controls? ___ Yes ___ No
- d. If "yes" to any of the above describe under "Remarks"

8. Miscellaneous:

- a. Have you ever had or been treated for convulsions? ___ Yes ___ No
- b. Have you even had any fainting spells? ___ Yes ___ No
- c. Have you ever had or been treated for loss of equilibrium? ___ Yes ___ No
- d. Have you ever been treated for alcohol or drug abuse? ___ Yes ___ No
- e. Have you ever been treated for mental illness? ___ Yes ___ No
- f. Have you ever been diagnosed as having respiratory disease? ___ Yes ___ No
- g. Are you under the care of a physician or on any medication for any condition not listed above. ___ Yes ___ No
- h. If "yes" to the previous questions describe treatment, current medication and dosage if any under "Remarks"
- i. Are there any restrictions posted on your vehicle operator's license? ___ Yes ___ No

Date: _____

Station: _____

**KLEIN VOLUNTEER FIRE DEPARTMENT
MEDICAL STATEMENT OF PERSONNEL - Continued**

Last Name	First Name	Middle Initial	Date of Birth
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9. Medical

a. What is the date of your last physical examination _____

b. When and for what purpose did you last consult a doctor?

c. Full Name, address and phone number of your personal physician

REMARKS: _____

THE ANSWERS TO THE ABOVE ARE COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE:

Applicant Signature

Date

Date: _____

Station: _____

**KLEIN VOLUNTEER FIRE DEPARTMENT
Beneficiary Designation for Accident & Sickness Policy**

Name of Organization: **Klein Volunteer Fire Department**

Member's Name: _____

Member's Date of Birth: _____ Date Member Joined Organization: _____



I hereby designate the following beneficiary (ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary there under heretofore made by me. I direct that any amounts payable under said Policy to my beneficiary (ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary Beneficiary: Name	Relationship	Date of Birth	Share %
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Primary Beneficiary: Name	Relationship	Date of Birth	Share %
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Contingent Beneficiary: Name	Relationship	Date of Birth	Share %
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Contingent Beneficiary: Name	Relationship	Date of Birth	Share %
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If none of the above-named beneficiaries are living at the time of my death, I direct the payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature	Date
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Date: _____

Station: _____

KLEIN VOLUNTEER FIRE DEPARTMENT

Pre-Acceptance Member / Regaining Member Statement

I authorize the Klein Volunteer Fire Department to obtain information from previous employers, schools and other fire departments. I authorize my previous employer, schools and fire departments to disclose to the Klein Volunteer Fire Department such information about me as the Klein Volunteer Fire Department may request.

_____ Initials

I verify that the statements I have made in this application and all other materials provided are true and correct. I understand that if my membership is granted, any false or incomplete statements in this application will be grounds for immediate discharge

_____ Initials

I authorize Klein Volunteer Fire Department to do a criminal background check including a check of my driving record.

_____ Initials

I authorize Klein Volunteer Fire Department to request and obtain medical records as needed.

_____ Initials

Applicant's Printed Name

Station

Applicant's Signature

Date

TDL #

Date of Birth

SS #

Failure to agree with any of the above statements is grounds for rejection of your application. A copy of your driver's license and vehicle insurance verification is required upon the return of your application.

Date: _____

Station: _____



KLEIN VOLUNTEER FIRE DEPARTMENT

16810 Squyres Road ~ Klein, Texas 77379
281-376-4449 fax 281-376-4432

ACCEPTABLE USE POLICY

Background

Advancements in technologies have improved the efficiencies of maintaining, processing, and tracking of information. Klein Volunteer Fire Department (KVFD) has implemented a network architecture of systems and hosts to be more efficient with our information processing needs. As this network architecture grows and opens new windows of opportunity, it is important that we establish certain policies to communicate the intended use of these information systems.

Purpose

The purpose of this policy is to ensure the appropriate use of KVFD resources for business use only and to protect the KVFD computing infrastructure from the security risks and legal liabilities associated with computer and Internet usage. This policy establishes a code of behavior when using information systems and the Internet for business use as well as a controlled framework for access.

Scope

This policy applies to all members and employees of KVFD and individuals under contract to KVFD who utilize computing and telecommunications resources owned or licensed by KVFD for the purpose of using information systems and accessing the Internet.

Responsibility

It is the responsibility of all Users to adhere to all policies, guidelines and practices associated with the use of the information systems as defined in this document and the 'By-Laws of KVFD'.

USE OF KVFD COMPUTING AND TELECOMMUNICATIONS RESOURCES FOR ANY REASON CONSTITUTES ACCEPTANCE OF THIS POLICY AND THESE RESPONSIBILITIES AND THE SUBSEQUENT CONSEQUENCES FOR VIOLATION OF THIS POLICY.

The KVFD Board is the approval authority for the Acceptable Use Policy.

The Board and members acting as System Administrators are responsible for the development, implementation, and maintenance of the Acceptable Use Policy and associated standards and guidelines.

KVFD management is accountable for ensuring that the Acceptable Use Policy and associated standards are properly communicated and understood within their respective areas.

Date: _____

Station: _____

Policy

It is KVFD's policy that access to and use of information systems is to be managed as a "**business resource.**" KVFD's control and management of this business resource is necessary to balance the value-added aspect of computer system access with the security and legal risks associated with this access. Additionally, it is the policy of KVFD to provide methods necessary to protect the Organization from business interruptions, data corruption, and inappropriate use of resources due to access to or use of the Internet.

KVFD information systems, network infrastructure, and equipment, including Internet and electronic mail are provided for official and authorized KVFD business purposes. Any use of such systems and equipment perceived, by KVFD Board, to be illegal, harassing, offensive, or in violation of KVFD's policies or any other uses that would reflect adversely on KVFD, can be considered a violation of this policy.

KVFD reserves the right to monitor, record, or periodically audit use of any of its information systems. Use of these systems and equipment constitutes expressed consent by those covered by the scope of this policy to such monitoring, recording, and auditing. Actual or suspected misuse of these systems should be reported to the appropriate KVFD management representative in a timely manner.

The use of chatrooms is strictly prohibited on KVFD network infrastructure. (i.e. My Space, Facebook, etc.)

It is KVFD policy that no changes may be made to its computer system without authorization. This includes, but is not limited to, installing or removing software and/or hardware to the system without prior authorization.

Enforcement and Exception Handling

Failure to comply with the Acceptable Use Policy and associated standards can result in disciplinary actions up to and including dismissal of membership or termination of contracts for contractors, partners, consultants, and other entities. Legal actions also may be taken for violations of applicable regulations and laws.

Requests for exceptions to the Acceptable Use Policy are to be submitted in writing to the KVFD Board. Exceptions will be authorized in writing.

By signing, you acknowledge you have read and understand this policy.

Name: _____ Station: _____
(Printed)

Signature: _____ Date: ____/____/____

(Policy approved by KVFD Board 1-25-05) – Reviewed 05/2007 – Revised 01/12/10