WILLS POINT VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

Applicant Packet

Dear Applicant,

We welcome your application for membership with the Wills Point Volunteer Fire Department. This packet explains the application process and contains the forms that must be completed before your application can be considered.

Please complete every section fully, accurately, and honestly. Integrity is essential to the fire service, and the information provided in this packet may be verified as part of the membership review process.

The Fire Department operates under an established chain of command. Members are expected to conduct themselves professionally, protect the safety and welfare of the public, attend emergency responses when available, participate in drills and regular meetings, support public education and community events, and continue developing their fire, rescue, emergency medical, and hazardous materials skills.

If you have questions about the application process or about serving with the Wills Point Volunteer Fire Department, contact the Department at (903) 873-3011 or visit Station 1.

Thank you for your interest in serving our community.

Sincerely,

Ed Leipply, Fire Chief

APPLICATION PROCESS

The following steps outline the membership application and review process. All requested information and supporting documents should be submitted as part of a complete application packet.

1. Complete the Application Packet

- Complete the Membership Application, Certification/Authorization, and Consent for Physical and Drug Screening.
- Answer every applicable question. If a section does not apply, write “N/A.”
- Application packets not fully completed within 90 days of initial submission may be rejected and require resubmission.

2. Provide Supporting Documentation

- Provide a legible copy of your Texas driver license.
- Provide copies of fire service, EMS, rescue, hazardous materials, or other relevant licenses and certifications. Do not submit original documents.
- For previous fire/EMS service or other organizations listed, provide enough contact information for the Department to verify your service or affiliation.

3. Administrative Review and Interview Committee Review

- The Department will review the application for completeness and may verify information provided by the applicant.
- After the administrative review, the applicant may be contacted to schedule an interview with the Membership Committee.
- After the required reviews and interview are complete, the application may be submitted for Executive Committee review and a recommendation regarding membership.
- If member interview was approved, the department membership will take a vote at the next scheduled business meeting.

4. Background and Driver Record Review

- Applicants are subject to a background review, which may include Texas Department of Public Safety and Texas Department of Motor Vehicle records, as authorized by the applicant.

6. Fit-for-Duty Physical and Drug Screening

- Applicants who are directed to proceed will complete the Department-required fit-for-duty physical examination and drug/alcohol screening. The Department is responsible for the cost of the required examination unless otherwise stated by Department policy.

7. Induction

- Once all required portions of the process are complete and membership is approved, the applicant will be notified of the next steps.

APPLICATION FOR MEMBERSHIP / AFFILIATION

Membership Type: ☐ Firefighter ☐ Rehab ☐ Other: _____

MEMBER INFORMATION		
Last Name _____	First Name _____	Middle Name _____
Date of Birth _____/_____/_____	Last Four of SSN _____	
Driver License Number _____	DL Class _____	Endorsements / Restrictions _____
Cell Phone _____	Email _____	
Street Address _____	City _____	State _____ ZIP _____
Does residence match Driver License? ☐ Yes ☐ No	If No, DL Address _____ State_____ Zip _____	
Employer _____	Occupation / Position _____	Work Phone _____
Typical Work Schedule _____		Reliable Transportation? ☐ Yes ☐ No

MEMBERSHIP INFORMATION
How did you hear about us? ☐ Current Member ☐ Social Media ☐ Community Event ☐ Website ☐ Friend/Family ☐ Other: _____
Why do you want to join the Wills Point Fire Department?
_____ _____

EMERGENCY CONTACT INFORMATION *Primary Contact is Required*	
Primary Contact Name: _____	Primary Contact Relationship: _____
Primary Phone _____	Primary Address: _____
Secondary Contact Name: _____	Secondary Contact Relationship: _____
Secondary Phone _____	Primary Address: _____



PREVIOUS FIRE / EMS / PUBLIC SAFETY HISTORY				
Department / Agency	Chief / Supervisor	Phone / Email	Dates Served	Position / Rank

TRAINING / CERTIFICATION IDENTIFICATION NUMBERS	
SFFMA # _____	TCFP PIN # _____
FEMA SID # _____	TEEX SID # _____

LICENSES AND CERTIFICATIONS			
License / Certification	Issuing Agency	Number	Expiration Date

ORGANIZATIONS / COMMUNITY AFFILIATIONS			
Organization	Role / Position	Contact Person	Phone / Email

PERSONAL REFERENCES			
Name	Relationship	Phone	Email

Applicant Signature: _____ Date: ____/____/_____

CERTIFICATION, AGREEMENT AND AUTHORITY TO RELEASE INFORMATION

Applicant Certification, Background Investigation Authorization, and Membership Eligibility

I certify that the information contained in this application and any attachments is true, complete, and correct to the best of my knowledge. I understand that a material false statement, omission, or misrepresentation may be grounds for denial of membership or subsequent dismissal from the Department.

Criminal History and Felony Disqualification

I understand and acknowledge that the Wills Point Volunteer Fire Department maintains membership eligibility standards intended to protect the safety, integrity, and public trust of the Department and the community it serves.

Any applicant who has been convicted of a felony offense shall be automatically disqualified from membership with the Wills Point Volunteer Fire Department, regardless of the nature of the offense or the amount of time that has passed since the conviction, to the extent permitted by applicable law.

I further understand that:

- All applicants may be subject to a criminal background investigation as part of the membership application process.
- Applicants are required to fully and truthfully disclose all felony convictions and any other criminal history specifically requested in this application, as permitted by law.
- Failure to disclose a felony conviction, providing false or misleading information, or intentionally omitting requested criminal history information shall constitute grounds for immediate denial of membership or dismissal if discovered after acceptance.
- The Department reserves the right to evaluate misdemeanor convictions, pending criminal charges, and other relevant criminal history when determining an applicant's suitability for membership, consistent with applicable law and Department policy.
- Acceptance into membership is contingent upon successfully completing all required background investigations and satisfying the Department's eligibility requirements.

Authorization for Background Investigation

I authorize the Wills Point Volunteer Fire Department, its officers, designated members, and authorized representatives to verify information provided in this application and to obtain information reasonably related to determining my suitability for membership, including employment history, prior fire/EMS service, training and certification records, criminal history information, and motor vehicle records, to the extent permitted by law and Department policy.

I authorize persons, organizations, employers, agencies, and custodians of records contacted by the Department to release information responsive to this authorization, and I release such persons and entities, and the Wills Point Volunteer Fire Department and its representatives, from liability arising from the good-faith release, receipt, or use of information for the membership review process, except as prohibited by law.

Acknowledgment of Department Policies

I understand that statements made during the application or interview process do not create a contract or guarantee of membership. If accepted, I agree that my membership will be governed by the Department's Constitution, Bylaws, Standard Operating Guidelines, policies, rules, and lawful orders as amended from time to time.

I understand that information obtained during the application process will be handled as confidentially as reasonably possible, subject to applicable law and Department requirements.

Applicant Acknowledgment

By signing below, I acknowledge that I have read, understand, and agree to the certifications, authorizations, eligibility requirements, and conditions stated above, including the Department's felony conviction disqualification policy.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____

Applicant Printed Name **Date**

_____ _____

Applicant Signature

_____

Note: This authorization is intended for the Department membership review process. Additional releases may be required by a third-party background screening provider, medical provider, or governmental agency.

CONSENT AND RELEASE FOR PHYSICAL AND DRUG SCREENING

As a condition of membership with the Wills Point Volunteer Fire Department, I agree to complete any physical examination, fit-for-duty evaluation, and drug/alcohol screening required by Department policy.

I understand that the purpose of a fit-for-duty examination is to determine whether I can safely perform the duties associated with the membership classification for which I am being considered. I understand that drug/alcohol screening is used to determine compliance with Department policy regarding controlled substances and alcohol.

I authorize the Department's designated medical provider, collection site, laboratory, medical review officer, or other authorized provider to perform the required examination or testing and to report the appropriate clearance, fitness determination, or verified test result to the Department as permitted by law and applicable policy.

I understand that a determination that I am not medically cleared for duty, or a verified positive drug/alcohol test that is inconsistent with Department policy, may result in removal from consideration for membership or other action permitted by Department policy.

I understand that I should provide medication information directly to the medical provider or testing laboratory when requested. I understand that medical information will be handled through the medical provider and Department process consistent with applicable law and Department policy.

I have read this Consent and Release, understand its contents, and sign it voluntarily.

Applicant Printed Name **Date**

_____ _____

Applicant Signature

_____

DEPARTMENT USE ONLY

APPLICATION TRACKING

Application Received	Received By: _____	Date: ____/____/_____
Application Reviewed for Completeness	Reviewed By: _____	Date: ____/____/_____
Driver License Copy Received	Verified By: _____	Date: ____/____/_____
Background / MVR Check Completed	Completed By: _____	Date: ____/____/_____
Membership Committee Interview	Interviewers: _____ _____ _____	Date: ____/____/_____
Executive Review	Reviewed By: _____	Date: ____/____/_____
Physical / Drug Screen Cleared	Verified By: _____	Date: ____/____/_____

MEMBERSHIP DECISION

☐ Approved ☐ Not Approved ☐ Deferred / Additional Information Required

☐ Cadet ☐ Auxiliary ☐ Rehab ☐ Other: _____

Business Meeting Date: _____/_____/_____

DEPARTMENT NOTES

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