



# PERSONAL INQUIRY WAIVER

Authority for Release of Information

To: Concerned person(s) or authorized representative(s) of any organization, institution or repository of records.

## APPLICANTS

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY

NO: \_\_\_\_\_

I respectfully request and authorize you to furnish the DCBE / Acton Volunteer Fire Department, Inc. any and all information that you may have concerning my work record, school record, military record, and reputation upon their inquiry. Please include any reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the DCBE / Acton Volunteer Fire Department, Inc.

I have read and I understand the above statement.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed or Typed Name of Applicant

## EMERGENCY CONTACT

Please list Emergency contact number and a next of kin:

Name / Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name / Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

## REFERENCES

List three references, not related, that you have known for at least three (3) years:

Name	Address	Phone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EDUCATION

Name/Address	Highest Grade	Graduated
High School: _____		Yes ___ No ___
College: _____		Yes ___ No ___
Specialized or Trade School: _____		Yes ___ No ___

List awards, honors, citations, positions held in school organizations and any other special recognitions you received while attending school:

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Have you had any education / training in Fire Science? Yes\_\_\_No\_\_\_

Have you had any education / training in Law Enforcement? Yes\_\_\_No\_\_\_

Did you receive certificates for this training?  
Yes\_\_\_No\_\_\_

Have you ever served on active duty in the U.S. Armed Forces?  
Yes\_\_\_No\_\_\_

Branch of Service:\_\_\_\_\_ Dates of Service:\_\_\_\_\_

## EMPLOYMENT

Employer:\_\_\_\_\_

Address:\_\_\_\_\_

Business Phone:\_\_\_\_\_ Type of Business\_\_\_\_\_

Have you ever been dismissed from any employment position? Yes\_\_\_No\_\_\_

If "YES" please explain\_\_\_\_\_  
\_\_\_\_\_

Have you ever been asked to resign from any employment? Yes\_\_\_No\_\_\_

If "YES" please explain\_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined by any employer? Yes\_\_\_No\_\_\_

If "YES" please explain\_\_\_\_\_  
\_\_\_\_\_

## Court Data

Have you ever been arrested or charged with any criminal violation?      Yes \_\_\_ No \_\_\_

If "YES"

Date:	City/State	Agency/Address	Charge	Final Disposition
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Probation? Yes \_\_\_ No \_\_\_                      Probation Officer: \_\_\_\_\_

List all traffic citations: If you have had none, so state:

Date:	City/State	Agency/Address	Charge	Final Disposition
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Have your driving privileges ever been canceled, suspended, or revoked? Yes \_\_\_ No \_\_\_

If "YES" please explain fully: \_\_\_\_\_

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## ORGANIZATION MEMBERSHIP

Name	City/State	Membership
_____	_____	Former ___ Active ___

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_____	_____	Former ___ Active ___
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Are you now or have you ever been, a member of a foreign or domestic organization, association, movement, group or combination of persons which have adopted or shows policy of advocating or approving the commission of acts of force or violence to deny other person's rights under the United States Constitution, or which seeks to alter the form of government of the United States by un-constitutional means?      YES \_\_\_ NO \_\_\_

If "YES" explain in full, including the name and location of the organization:

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**DCBE / ACTON VOLUNTEER FIRE DEPARTMENT, INC**

**NOTICE TO ALL APPLICANTS**

**POST OFFER OF EMPLOYMENT / PRE-EMPLOYMENT**

**DRUG SCREENING POLICY AND AGREEMENT**

I acknowledge that I have been informed the DCBE / Acton Volunteer Fire Department, Inc. (Department) may require each applicant who is offered a position to submit a urine specimen for medical examination/ testing for controlled substances and drugs to be conducted by a health facility, medical or testing clinic or laboratory or physician selected and paid for by the Department. I agree to submit to such tests and hereby authorize release and disclosure of the results to the Department.

I further acknowledge that any test results which show the presence of a substance (in absence of a medically acceptable prescription drug) or illegal drug will result in denial of all department privileges. I further understand that if I receive a positive confirmed drug test result, I may explain or contest the result to the Department within five(5) working days after written civil actions brought pursuant to the drug-free workplace testing procedures and confidential information regarding prescription and non-prescription medications. I also understand that I may request the testing lab to send the original urine specimen to another certified lab for re-testing at my expense. I agree to sign any documents that may be necessary in order to permit release of the disclosure to the Department of any medical examination or medical tests for controlled substances or drug abuse.

Finally, I understand that the Department may randomly test personnel required to hold a Class B Driver License.

By completing and signing this document, I agree that I will be subject to the Department's policy on drug abuse and controlled substances as a condition of my continuing participation.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Firefighting is often a serious and graphic experience which can be very demanding both physically and emotionally. In your present state of health and state of mind, do you feel you can perform these duties when called upon to do so? Yes\_\_\_No\_\_\_

My signature below indicates I have filled out the above information to the best of my knowledge. I further understand that any false information and any omission of facts on this application could lead to my dismissal from this department

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Applicant: Do not mark below this line! The info below is for VFD use only

Date of Presentation to Department \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Second Attendance \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Approved As Of This Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Signature of Membership Committee Chair (Print Name Here)

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Signature of Committee Member (Print Name Here)

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Signature of Committee Member (Print Name Here)

## Activities Inside Our Fire Station

In addition to responding to fire and medical emergencies, life inside a firehouse is packed with activity. All members have a wide range of responsibilities, not only to hone the skills required of firefighting and medical emergencies, but also for the upkeep of the firehouse, equipment, and all the apparatus.

The activities Members are to engage in include:

- Cleaning the upstairs (Cleaning the bathroom, trash, vacuum floors, chairs etc.)
- Making the beds daily (including laundry of bedding)
- Sweeping the floors
- Cleaning the kitchen
- General housekeeping of report room, meeting room and truck bays
- Taking out the trash (If any trash can is full put it in the big green trash can)
- Mowing and weed eating grass
- Maintenance of all apparatus (check fuel levels, DEF level, washing inside and outside of trucks, etc.)
- Maintenance of all equipment ( bunker gear, wildland gear, air packs, hoses, tanks, ladders, hand tools, etc.)
- Inventory of supplies ( send supply needs to an officer)

Every activity is important and needs to be given specific attention to detail. A firetruck cannot respond to an emergency if it is low on fuel. A facemask can cause a fatality if it has a crack in it. In our department SAFETY is the top priority!

Teamwork is another key component of our Fire Department. Like members of the armed services, firefighters and EMTs follow a command structure based on rank. This type of structure requires you to take orders from those of higher rank. We are all held accountable for our behavior-both on and off the fire scene. We need to show pride in our station and our apparatuses. We all need to do a better job of cleaning up after ourselves. If you make a mess, you're expected to clean it up. Let's work together to this station comfortable, inviting, and a place we want to spend time at.

If overall cleanliness and general housekeeping is not being maintained, more severe consequences can happen, to include but not limited to:

- Restricted access to areas of the firehouse
- Loss of privileges

Other rules to be noted in this SOP:

- NO SMOKING anywhere in the firehouse
- NO PARKING in front of apparatus bay doors
- NO Dogs or Cats in the Station
- NO Parking on the grass

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



Whereas the DCBE/Acton Volunteer Fire Department has a responsibility to our members and the public we serve to, among many things, deliver our service professionally, efficiently, and safely. Because we also must be good stewards of the resources the citizens, the City of DeCorva, Hood County and the state of Texas give us, we now enact the following new requirements.

- Each member must attend at least 4 meetings a year.
- Each member must have 15 hours of training each calendar year.
  1. Training can consist of Fire, EMS, or other approved training.
  2. Each member will be responsible for getting their own outside training records to the training officer.
- Each member will make 5% of the calls monthly. This includes actually going on the call or being on standby. In lieu of calls you may substitute extra hours of training or recorded hours worked at the station.

If you are Rehab only, you must go to 4 meetings a year, 1 live burn, and 4 hours of training. NO requirement on calls.

These requirements will be reviewed quarterly for each member. If these requirements are not met the member will be in bad standing with the department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

SOG#

DCBE / Acton VFD  
Social Media Guidelines

Department personnel are free to express themselves as private citizens on social media sites to the degree that their speech does not impair or impede the performance of duties, impair discipline and harmony among department members, or negatively affect the public perception of the department. With that in mind and for the unity of the department, the following rules have been put into place.

1. The Chief or Chief's designee shall be solely responsible for the official department social media accounts.
2. Department personnel shall not comment on social media posts that pertain to FD business. Let the official department social media account respond to comments by others.
3. Department personnel may and are encouraged to share social media posts of the official department social media account.
4. Department personnel shall not post photos of scenes on social media. If any member has a photo of a scene to share on social media, send the photo to the Chief or the Chief's designee to post on the official department social media. Photos of emergency vehicles taken after FD duties have been completed may be posted by individuals. Likewise photos of FD training can be posted by individuals so long as they do not violate any of the rules herein.
5. Department personnel may posts on social media, information that is pertinent to the community. Posts should be factual in nature and not disclose any patient information or confidential information.
6. Department personnel shall not post, transmit, or otherwise disseminate any information to which they have access as a result of their membership without the permission from the Chief.
7. Violation of this policy shall result in discipline as set out below:
  - 1 st offense – Counseling by the Chief or Chief's designee
  - 2 nd offense – Written Warning
  - 3 rd offense – Suspension of membership for 60 days
  - 4 th offense – Termination of department membership

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_