OFFICIAL DOCUMENT

MAXWELL VOLUNTEER FIRE DEPARTMENT

Physical - 9655 Tx 142 / Mailing - PO Box 216 Maxwell Texas 78656
512-357-0222

VOLUNTEER APPLICATION

Do not leave questions blank. Fill out application completely and accurately. This document must be signed and dated. If questions are not applicable, enter "NA." but do not leave areas blank.
Caldwell County VFDs are an equal opportunity Employer and does not discriminate based on race, color, national origin, sex, religion, age or disability in employment or other legally protected status. With a few exceptions, you have the right to request information that CCVFD collects about you and ask to correct any information that is determined to be incorrect.

Full Name _____ DOB ____/____/____
Last Name First Middle

Social Security Number ____-____-____ Drivers License Number _____ CDL Class? _____

Address: _____
Street City State Zip

Email: _____ @ _____.____

Cell Phone ____-____-____ Cell Phone Provider _____

What position are you interested in applying for?

☐ Firefighter ☐ Cadet ☐ Supporter ☐ ECA ☐ EMT

Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering? ☐ Yes ☐ No List _____

(Note: Assignment is contingent on applicant meeting minimum physical/mental demand of the position(s).

Do you have current personal auto liability Insurance? ☐ Yes ■ No Policy Holder _____

Have you ever applied or been a member with any other Caldwell County VFD? ☐ Yes ☐ No

If yes, what dept? _____ Date ____/____/____

Do you have any relatives that are members of CCVFD? ☐ Yes ■ No If yes, please name _____

What hours are you available to respond to emergency calls? _____

Approximate minutes from home to VFD are you? _____

Are you committed to attend business meetings and continuing education class requirements? ☐ Yes ■ No

Are you NIMS compliant? ■ Yes ☐ No If no, what courses are needed? _____

Please list any Special Training/FEMA/Certifications/Skills/Qualifications that may be helpful to our VFD or ESD2?

_____

_____

_____

Training Certificates help in the approval process. Please provide any certificates you may have.

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? ☐ Yes ■ No
If yes, please explain in concise detail, giving dates and nature of offense. A conviction may not necessarily disqualify you, but a false statement will. (If you need more room use back of this page)

_____

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VOLUNTEER APPLICATION

OTHER INFORMATION

Do you graduate high school or get your GED? ☐Yes ☐No If yes, Name School _____

Did you attend College? ☐Yes ☐No If yes, Name School(s) _____

If yes, what did you study in college? _____

Did you get a degree? ☐Yes ☐No What did you major in? _____

Did you attend Trade School ? ☐Yes ☐No If yes, Name School(s) _____

If yes, what did you study in college? _____

Did you get a degree? ☐Yes ☐No What did you major in? _____

Do you have any mechanical, electrical, fund raising, grant writing or other specialized work experience that may be helpful to our VFD or ESD2? ☐Yes ☐No

If yes, please explain _____

_____

_____

Please provide 3 references (not related to you) whom you have known for at least 3 years

Name _____ Cell Phone ____-____-____
First Last Name
Address: _____
Street City State Zip

Name _____ Cell Phone ____-____-____
First Last Name
Address: _____
Street City State Zip

Name _____ Cell Phone ____-____-____
First Last Name
Address: _____
Street City State Zip

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I certify that all the information written, conveyed and provided by me in this application, is true, and any misstatement, falsification, or omission of information may be grounds for rejection of your application, or, "if approved", termination. I also understand that it is a non-paid volunteer position that has a condition of membership, that will require legal proof of authorization to work in the U.S.

I hereby authorize Maxwell Fire Dept & Caldwell County ESD#2 to contact any/all corporations, former employers, references, military services, educational institutions, law enforcement agencies, city, state, county and federal courts to release information about my background including, but not limited to, information about employment, education, driving record, criminal record and general public records history. I release from all liability all persons, companies, agencies and schools supplying such information. I indemnify Caldwell County ESD2 and Maxwell VFD against any liability, which may result from making such requests.

_____ DATE ____/____/____

Signature

BY SIGNING YOU ARE STATING THAT YOU UNDERSTAND AND AGREE

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BACKGROUND CHECK AUTHORIZATION FORM

I understand that to aid in the proper identification of my file or records, the following information is necessary:

Print Your Full Name_____

Drivers' License No. _____ State_____

Current Address _____

Date of Birth ___-____-____ Sex ___ Race _____

Soc. Sec. # _____-_____-_____

If the company obtains records from a consumer reporting agency, such as my credit report, (applicant, select one):

◯ I would like a copy ◯ I would not like a copy

Please read and sign this form in the space provided below.
Your written authorization is necessary for completion of the application process.

I, _____ , hereby authorize Maxwell Community Volunteer Fire Department (MCVFD) / ESD#2 to investigate my back-ground and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Maxwell Community Volunteer Fire Department (MCVFD) will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

_____ _____

Applicants name - Printed Date

_____

Signature of Applicant

183 Leader Heights Road
P.O. Box 2726
York, PA 1705
800.233.1957 or 717.741.0911
vfis.com

BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

☐ New Insured ☐ Beneficiary Change ☐ Name Change: From: _____

Complete all of the following information:

Policyholder Name and Policy Number(s) *(Emergency Service Organization Name)*

☐ _____ **Policyholder** _____ **Policy Number** _____

☐ _____ **Policyholder** _____ **Policy Number** _____

☐ _____ **Policyholder** _____ **Policy Number** _____

☐ _____ **Policyholder** _____ **Policy Number** _____

☐ **Other** _____

☐ **Other** _____

Last Name:	First Name:	MI:
Date of Birth:	Date of Membership:	Social Security Number: / /

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

BENEFICIARY DESIGNATION – Primary Class ☐ **Mark if additional beneficiaries are listed on a separate paper and attached.** **(Name, address, phone number and/or email address of beneficiaries)**	**Relationship to insured**	**Date of Birth**	**Percent (must equal 100%)**
BENEFICIARY DESIGNATION – Contingent Class **(Name, address, phone number and/or email address of beneficiaries)**	**Relationship to insured**	**Date of Birth**	**Percent (must equal 100%)**

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: _____ Date: _____

Sample wording for Beneficiary Designations

Class	Relationship of Insured	Percent
One Beneficiary of a class: Jane Ann Jones	 Spouse	 100%
Two or more Beneficiaries of a class: Arthur Leo Jones Grace Hays Jones	 Father Mother	 50% 50%
Unnamed Children: Children of the Named Insured		 Split Equally
Unequal distribution: Grace Hays Jones Mary Jones Ford William Roger Jones	 Mother Sister Brother	 50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

This form should be retained by the Policyholder with a copy to the insured.

*Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

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RANDOM DRUG TEST AUTHORIZATION

CODE OF CONDUCT

List all medications you are currently taking that are prescribed to you: (Use back of page if needed)

List all other drugs you take (not prescribed to you: (Use back of page if needed)

Explain all current history of illegal drug use such as marijuana/cocaine: (Use back of page if needed)

Do you drink alcohol? ☐ Yes ☐ No If yes, how often ☐ Daily ☐ Weekly ☐ Monthly
How many drinks do you have on a typical day when you are drinking? ☐ 1-2 ☐ 3-4 ☐ 5 or more
How often do you have 5 or more drinks on one occasion? ☐ Daily ☐ Weekly ☐ Monthly
How often have you failed to do what was normally expected of you because of drinking? ☐ 1-2 ☐ 3-4 ☐ 5 or more
Have you or someone else ever been injured as a result of your drinking? ☐ Yes ☐ No
Has anyone ever been concerned about your drinking or suggested you cut down? ☐ Yes ☐ No
Are you willing to take a random drug test? ☐ Yes ☐ No

1. I grant permission to Caldwell County Emergency Services District #2 (CCESD#2), its officers, and/or representatives to access my criminal, personal, employment, and driving history records at any time.
2. I agree to immediately inform the department of any changes in my criminal, personal, employment, auto insurance status, or driving history.
3. I understand that using or possessing illegal drugs, controlled substances, or alcohol is strictly prohibited on CCESD#2 Maxwell Fire Department properties, vehicles, and equipment, and any violation will lead to immediate termination.
4. I will abide by all CCESD#2 policies including the SOG's and SOP's. I will strive to provide the best public safety services to our community by actively participating in community events and up-to-date fire and medical training.
5. I will hold above all else, the safety of fellow members and my community.
6. I understand that my activities outside of Maxwell VFD & CCESD#2 are a direct reflection of the department and therefore I agree to always represent myself as a respectable firefighter/volunteer and never wear my uniform in bars.
7. I understand that any CCESD#2 property (such as gear, uniforms or communication equipment etc.) issued to me must be returned at the time of my resignation/termination or whenever it is requested by my supervisors. Failure to do so will result in possible legal action and/or you paying for the replacement of such property.
8. I grant CCESD#2, its representatives and/or employees the right to take photos of me and my property in connection with any Maxwell Fire Dept or CCESD#2 program. I also agree to assign/transfer all copyright, for use in publishing, print and/or electronically. I also agree that CCESD#2 may use such photos of me with or without my consent for any lawful purpose such as publicity, illustration, advertising and Web content.

NOTICE: OMISSION OR FALSIFICATION OF INFORMATION ON THIS GOVERNMENT DOCUMENT IS A FELONY.

DATE _____/_____/_____

Signature

BY SIGNING YOU ARE STATING THAT YOU UNDERSTAND AND AGREE

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MEMBERS REQUIREMENTS

Cadet Members (Orange Helmet):
Must be at least 14 years of age with Signed parent consent - Have current NIMS 100, 200, 700, 800
Must begin Intro to Firefighting - 130/190, and other Training as directed by Chief
They will be assigned an Officer as a mentor
On fire grounds Orange helmets must stay with the truck.
Orange helmets may take yellow helmet classes, but probation period still stands.

Probationary Members:
Must complete the following to receive a yellow helmet:
NIMS 100,200,700,800 - Intro to Firefighting Class - Blood Borne Pathogens - HIPAA - CPR/AED
Communications Course - Attend 6 months' worth of training days.
They will be assigned a Senior Firefighter as a mentor.

Yellow Helmets:
Once a yellow helmet is received the following classes are required within 18 months.
Vehicle Rescue Firefighter 1, Burn-house attendance 130/190 , EVDT

Black Helmet:
Firefighter I & II - Continued burn-house attendance

Officers: Captains - Lieutenants
NIMS 300, 400 - Instructor I - Other training as assigned

Engineers:
Practice Packet Completion Class B - EVDT - Driver Operator

Members have 18 months to obtain the required classes. As always maintaining an open and honest line of communication goes a long way. To attend any specialized training, you must submit a request which will need to be approved by Chief.

Disciplinary Action Steps

1. Depending on the severity of the first offense, the Fire Chief can choose to counsel the individual or call an Executive Board meeting to discuss the issue. If the firefighter is found to be at fault a write up will be placed in the firefighters file. If the Fire Chief decides to counsel the individual an Executive Board member will be present at time of counseling.
2. Second offense by the same firefighter will be heard and decided by the Executive Board. Depending on severity, a second incident may result in a three to six month suspension from the fire department.
3. Third incident by the same firefighter will be heard by the Executive Board. Depending on severity, a third incident may result in a six month suspension or termination from the fire department.

If any Fire Fighter is caught stealing from the Fire Department, using/possessing illegal drugs, or falsifying Reports/Fire Department documentation it will result in an automatic termination from the Fire Department. The Fire Chief has overarching authority to terminate a firefighter from the Fire Department at the Fire Chief's discretion.

I, _____, have received and understand the following: Disciplinary Policy and Disciplinary Action Forms. - The helmet requirements and the classes required for each. - All NIMS (100, 200, 700, 800) are due in hand before a member can begin responding to calls.

_____ _____
Applicants name - Printed Date

_____
Signature of Applicant

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.) _____
- ☐ 4. An alien authorized to work until _____ (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)