



New Volunteer Membership and Training Requirements

Name: _____

Application Process

Int. /Date by Team Leader/Training Officer

_____ Introduction at first weekly night drill

_____ Attend 6 drills **Dates:** _____, _____, _____, _____, _____, _____

Once these 6 drills are completed 80% attendance is required to get to probationary status

Note: Application start date is upon successful completion of the 4th drill.

_____ Background, driving record, drug screen, and medical physical.

_____ Complete 8 hours of ride-outs

_____ Complete department orientation class (*See Training Officer for Details*)

_____ Sign and date that you have received and understood the Constitution

_____ Interview with Chief or his designee (*All items above must be complete before this interview*)

_____ Certification numbers if applications:

SFFMA Account # _____

TCFP FIDO PIN # _____

TDSHS EMT-B Personnel ID # _____

_____ Acceptance into the department at a quarterly business meeting

Probationary Member Status (*Items in bold below to be completed within 12 months**)

_____ Attend (**80%**) of drills/department activities and contact Team Leader/TO if unable to attend

_____ Assigned Member # _____

_____ Assigned Team Leader Name: _____ Phone: _____

_____ Issued a G-Mail account _____ @sambassfd.com

_____ Issued CareerCert Continuous Education (CE) account

_____ Issued uniforms (One SBFD T-Shirts and one Polo shirt)

_____ Issued probationary accountability tags (black)

_____ Issued a department ID badge (after completing WCEMS credentialing process)

_____ Complete **PAT/Consumption Test** to be removed from probationary status

_____ Complete **AHA CPR for Healthcare Providers** certification Ex. date: _____

_____ Complete/Maintain **WCEMS Credentialing** as a *Community First Responder* or *EMT-Basic*

_____ Complete **ICS: 100,200,700,800** (online, see 2nd page)

_____ Complete **Courage to Be Safe Training** (online, see 2nd page)

_____ Complete **National Traffic Incident Management Responder Course** (*online, see 2nd page*)

_____ Complete second **driving record check** at the end of probationary year

_____ Complete a CPR course

_____ Complete one year of **Probationary Membership** with SBFD



Operational Firefighter Status (can be obtained during probation)

- _____ Complete SFFMA Introductory and Firefighter I (SBFD Volunteer Academy) or provide TCFP basic FF certificate (s).
- _____ Complete S-130/S-190 Wildland Firefighter training (FIF100) - Optional
- _____ Maintain a minimum 12/hours/month or 36 hours/quarter
- _____ Maintain a minimum of 8 hours/month of ride-out or volunteer staffing
- _____ Attend 80% of weekly night drills
- _____ Issued accountability tags (yellow)
- _____ Maintain WCEMS Credentialing (quarterly careercert.com courses)
- _____ Issued bunker gear
Helmet _____ Hood _____ Jacket _____ Pants _____ Boots _____ Gloves _____
- _____ Final approval from Chief or Designee

*In the event of extenuating circumstances, the probationary member may be offered a 3 month extension at the discretion of the Fire Chief/Designee

Full Member Status (probation and operation status must be completed)

- _____ Complete SFFMA Firefighter II (SBFD Volunteer Academy) or provide TCFP basic FF certificate (s).
- _____ Maintain a minimum 12 hours/month or 36 hours/quarter
- _____ Maintain a minimum of 8 hours/month of ride-out or volunteer staffing
- _____ Attend 80% of weekly night drills
- _____ Maintain at least 1 ride out or volunteer shift per month
- _____ Maintain **WCEMS Credentialing** as a *Community First Responder* or *EMT-Basic*
- _____ Issued Wildland gear
- _____ Issued Job Shirt (can be given during probation as indicated by weather)
- _____ Issued skull cap
- _____ Issued nomex dress shirt
- _____ Issued nomex pants
- _____ Issued long sleeve T-shirts
- _____ Issued Name Plate
- _____ Issued yearly SFFMA Member Card
- _____ Turn in a copy of this sheet for your official record



Resources for Checklist

ICS Training:

<http://training.fema.gov/is/nims.asp>

Courage to be Safe Course:

<http://www.everyonegoeshome.com/training/courage-safe-training/>

National Traffic Incident Management Responder Course:

https://www.nhi.fhwa.dot.gov/course-search?tab=0&key=133126&sf=0&course_no=133126A

EMS Credentialing Process: (Note: requires SBFDD email address)

<https://www.careercert.com/>

Drug Screen:

*Must be completed at Express Employment Professionals
2000 N. Mays Ste. 202, Round
Rock, Tx 78664,(512-255-2525)*

Background Check: (Choose State History Check and Schedule an Appointment, 11FT12 - Texas Personal Review - Full)

<https://www.identogo.com/locations/texas>

Driving History: (Type 3, you may print or mail order)

<https://txapps.texas.gov/tolapp/txldrctr/TXDPSLicenseeManager>

Medical Physical: Please go to your primary care physician and get a physical. Please have them fill out the form on page 4.

Support Personnel:

Those not wishing to perform firefighting duties may serve in a fire ground support role upon completion of probationary requirements.

Reimbursement:

Upon vote into the department as a member of SBFDD, drug screen, background checks, and driving history are eligible for reimbursement with official receipts turned into the department. Please note that because medical expenses can vary widely, we do not reimburse for expenses incurred for the Medical Physical.

Chain of Custody for all turned in information:

All information is to be turned into the SBFDD Board of Directors Secretary. Once turned in, it will reside within our department in a secured locked area. Forms and information may be scanned into our systems and stored in our private and secure file storage. This information will not be given out or sold to any third party and is for the sole purpose of this New Volunteer Membership and Training Requirements checklist.



Physicians Release for Participation at Sam Bass Fire Department

Physicians Release Form

Name: _____ Age: _____

Home Address: _____

Phone: _____

Name of Parent or Guardian (if applicable): _____

Emergency Contact Name and Phone Number: _____

To Physician:

_____ is in the application phase of membership with the Sam Bass Fire Department in Round Rock, TX. Please make any recommendations or cautions that you feel will enable the participant with the best overall program and path to membership. Your assistance in this matter is greatly appreciated.

Please complete the following:

1. Disabling Condition(s). Medical Diagnosis:

2. Fitness and Vitals

1. Fitness/Conditioning _____

2. Blood Pressure _____

3. Heart Rate _____

3. Medical Problems (please make any comments as needed for clarification)

1. Heart Condition _____

2. Diabetes _____

3. Allergies _____

4. Visual Impairment _____

5. Hearing Impairment _____

6. Speech Impairment _____

7. Diet Restrictions _____

8. Respiration Problems _____

9. Seizures _____

10. Surgery _____

11. Serious Injuries _____

12. Asthma _____



- 13. Hypertension _____
- 14. Medications _____
- 15. Fitness/Conditioning _____

I hereby give my approval for the above-named to engage in firefighting as indicated.

Date: _____

Physician's Signature: _____

Phone: _____

I have read and understand this form and agree to adhere to any and all of the specific precautions recommended by the physician. I further agree that should the physical condition or medication of the aforementioned individual change in any way, I will immediately notify Sam Bass Fire Department and obtain a new release form for the physician to complete.

Date: _____

Participant Signature