

10. Why do you want to be a fire/rescue volunteer? _____

11. Do you have previous fire/rescue experience? Yes No

If yes, list training and current certifications and departments you worked for previously:

12. Are you afraid of heights? Yes No

13. Are you claustrophobic? Yes No

14. Medical History:

Do you have any physical limitations that should be of concern? Yes No

Do you have any chronic disease? Yes No

Are you receiving any special medical treatment or medications? Yes No

If yes to any of the above, please explain: _____

Are you willing to submit to random drug tests? Yes No

15. Character References:

1. Name _____ Address _____

Relationship: _____ Phone # _____

2. Name _____ Address _____

Relationship: _____ Phone # _____

3. Name _____ Address _____

Relationship: _____ Phone # _____

I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete and I understand that any misstatement, falsification, and/or omission of information shall be grounds for dismissal from the department.

I understand that if I have a preexisting condition, illness, or injury that it is recommended by Bexar County ESD #5 that I receive approval to participate in fire department activities from my personal physician.

RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning me to any duly authorized agent of the Bexar County Emergency Services District #5, whether the said records are of a public, private or confidential in nature.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly (in whole or in part), upon this release authorization will be considered in determining my suitability for service by the Bexar County Emergency Service District #5. I do hereby release said person(s) who provided information about me, whether supplied by a government organization or individual, from any and all liability, which may be incurred as a result of furnishing such information.

Signature of Applicant: _____ Date: _____

(YOU MAY BE ASKED TO GO IN FRONT OF THE BOARD AND CHIEF FOR A BREIF INTERVIEW)