



Dickinson Volunteer Fire Department

New Member Package

When completing the attached paperwork, please remember the following:

Please print neatly and please fill out all forms **completely**.

If you make a mistake on any form, please draw one line through the mistake and initial beside the mistake.

Please make sure all beneficiary information is completed, **including Relationship, Social Security Numbers and Birthdates. Also, percentages must add up to 100%.**

A criminal history will be performed. If there is anything you need us to know, make sure you note it on your application.

A Certification of Physical Fitness is required. This is provided by the Department at **no cost to you.**

Remove (pages 1-9) for your information & only turn in (pages 10-17) the application, signature pages for the Drug Policy & background check (**make sure your signatures are witnessed**) & remainder of the documents.

Completed applications can be mailed to **DVFD, P. O. Box 1066, Dickinson, Texas, 77539, e-mailed to dvfd@ci.dickinson.tx.us**, or you may **hand deliver to Central Fire Station at 4500 East FM 517.**

If you have any questions, please call Chief Morgan at 281-534-3031, ext. 3104.

Please make sure you have completed everything.
Only complete application packages will be accepted.

Application packages need to be turned in 1 week prior to the monthly business meeting (3rd Wednesday of each month).

A representative from the Dickinson Volunteer Fire Department will contact you regarding your application.



Dickinson Volunteer Fire Department

New Member FAQ's

Q. Who can join the fire department?

A. Membership is open to all residents of the Dickinson area 18 years of age or over and are of good moral character and physically sound.

Q. Do I need prior experience?

A. No fire experience is necessary.

Q. How much time is required once I join?

A. You are required to make a certain percentage of the weekly Wednesday (7:30PM) training classes in addition to the 3rd Wednesday a business meeting as well as a certain percentage of the fire calls per year.

Q. How many fire fighters does Dickinson have?

A. Membership in the department is confined to 60 members.

Q. How many stations does Dickinson have?

A. Two – Central Fire Station 1 is on the East side of town and Station 2 is on the West side of town.

Q. What type of training do Dickinson volunteers receive?

A. In addition to the above mentioned training you will be required to attend a new member training class with the Galveston County Fire Fighters Association. Most of the training is on Tuesday and Thursday nights with some Saturdays. The training last for at least 3 months and includes over 80 hours of basic firefighting training. If you have prior Fire Dept. experience or certification your training records will be reviewed & new member training may be waived. **Additional area schools & classes are available & encouraged for you to attend at no cost to you.**

Q. How do you know when to respond?

A. All active fire fighters carry a special pager that alerts them of a call or situation.

Q. What type of calls does the fire department make?

A. We respond to all types of fire related calls (structures, grass, vehicles, trash, etc.), gas leaks, motor vehicle accidents, medical related, as well as any other types of incidents that the fire department's assistance is requested.

Q. What type of medical related calls does the fire department make?

A. The fire department responds to first responder (medical) calls. Dickinson Medic 1 provides ambulance service to the Dickinson area and the fire department often assists them in various ways (medical care, driver, lift assist, extrication, etc.). The fire department is also called for first responder calls when the Dickinson Medic Units are unavailable and a mutual aid ambulance has been called to respond to Dickinson. We do have several EMT's on the fire department, but it is not a requirement for membership. All members are encouraged, however, to become EMT's.

DICKINSON VOLUNTEER FIRE DEPARTMENT

DRUG FREE WORKPLACE POLICY

Article I – Purpose and Scope

- 1.01 The Dickinson Volunteer Fire Department is committed to providing an environment which is free from effects of the use of drugs and alcohol as defined herein Article II, Sections 2.02, 2.03 and 2.04. In this regard, the Department is adopting a policy designed to prevent the use of drugs and alcohol and their effects in the fire service, so as to better provide for the general health and safety of its members and the public. Pursuant to this commitment, the Department has adopted this Drug Free Workplace Policy.

Article II – Definitions

- 2.01 “Department” is defined herein as the Dickinson Volunteer Fire Department. The Department may act through its elected or appointed officials.
- 2.02 “Drugs” is defined herein as a controlled substance as defined in Schedules I through V of Act 21 U.S.C. Section 802 and Section 812 (Federal Controlled Substances Act), Schedules I through V of Chapter 481 of the Texas Controlled Substances Act, and other illegal drugs, inhalants, and prescription drugs (except when taken as directed by the member’s physician).
- 2.03 “Alcohol” is defined herein as any alcoholic or ethanol based substance or beverage, including, but not limited to liquor, beer, and wine.
- 2.04 “Authorized Use of Alcohol” is defined herein as the possession and use of alcoholic beverage(s), such as liquor, beer, or wine, that has been approved by the Department for a particular event(s) or time period, not to exceed legal limits as determined by federal and state laws. The legal limits in which a firefighter can respond has been set as follows: Alcohol level between .02%.
- 2.05 “Drug Paraphernalia” is defined herein as equipment, a product, or material that is used or intended for use in planting, propagating, cultivation, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storage, containing, or concealing drugs or injecting, ingesting, in haling, or otherwise introducing drugs to the human body.
- 2.06 “Exhibiting the Characteristics of Using Drugs and/or Alcohol” are defined as a member who is exhibiting symptoms, conduct or behavior which appears to be related to or the result of the use of drugs or alcohol.
- 2.07 “Intoxicated” is defined herein as the appearance of not having normal use of mental or physical faculties by reason of exhibiting characteristics or symptoms that may be related to or the result of the use of drugs or alcohol.
- 2.08 “Drug Test” and “Drug Testing” are defined herein as any authorized test, or combination of tests or associated procedures, conducted to determine the use of drugs and/or alcohol.
- 2.09 “Member” is defined herein as any person who has been elected by the membership as an Auxiliary, Regular or Active Honorary Member.
- 2.10 “Policy” is defined herein as the Drug Free Workplace Policy adopted by the Department as set forth in this document.

- 2.11 "Possession" is defined herein as the owning, holding, or controlling of drugs or alcohol on a member's person, on a member's property brought onto Department premises, or on Department property used by the member.
- 2.12 "Premises" is defined herein as Department owned or leased land and the buildings/facilities located upon it including, but not limited to Department owned or leased vehicles.
- 2.13 "Representative" is defined as a person designated by the Fire Chief/President to perform the duties of Fire Chief/President in their absence.
- 2.14 "Administrative Leave" is defined herein as removal from the fire ground operation, training function or meeting as directed by the Fire Chief and/of President of their representative.
- 2.15 "Line Officer" is defined herein as a person whom is elected by the membership.
- 2.16 For Cause "Action of the member" are defined herein as action taken by a member which risks the health or safety of the member or others that a normal prudent member would not take. This decision will be based on the annual substance abuse training class.

Article III – Policy Statement

- 3.01 It is the policy of the Department to prohibit the use, sale, dispensing, possession, or manufacturing of drugs, or alcohol or drug paraphernalia on its premises, or while representing the Department away from Department premises (except for moderate use of alcohol at Department authorized events). Membership in the Department is expressly conditioned upon each member's strict adherence to this Policy. Violation of any provision of this Policy by a member may result in termination of that membership. The Officers and Membership of this Department will be offered a class in the recognition of substance abuse once a year. Any member who refuses to consent and cooperate with drug testing as outlined in this Policy is in violation of this Policy. Any member who is drug tested and whose test result is positive for the use of drugs or alcohol in violation of this Policy. Any member who refuses to consent to and cooperate with inspections as outlined in this Policy is in violation of this Policy. Any member found to be in possession of drugs, alcohol, or drug paraphernalia while on Department premises or while away from Department premises, but on Department business, is in violation of this Policy. Refusal to follow and cooperate with any aspect of this by a Department member is in violation of this Policy.

Article IV – Required Testing for Drugs and/or Alcohol

- 4.01 The Department will require that a test for the presence of drugs and/or alcohol be conducted:
- a. When a qualified person is applying for membership;
 - b. When a member receives his regular pension physical;
 - c. When a member is involved in an incident or accident which results in injury to himself or others that requires hospitalization or medical attention by a physician, or which results in property damages; or
 - d. When (i) the Fire Chief or his representative and two Line Officers or (ii) one Line Officer and an Executive Board Member (excluding the Fire Chief) concur that a member is exhibiting the characteristics of using drugs and/or alcohol.

Article V – Laboratory/Collection Procedures

- 5.01 Drug/breathalyzer tests will be paid for and conducted at a testing facility selected by the department.
- 5.02 Breathalyzer test will be performed by a qualified, experienced company capable of implementing the objectives of this Policy and which maintains a minimum of \$1,000,000 (one million dollars) in liability insurance.

- 5.03 Urine samples will be performed by a qualified, experienced company capable of implementing the objectives this Policy and which maintains a minimum of \$1,000,000 (one million dollars) in liability insurance. This company must have the authorized personnel, equipment and facilities to properly obtain the samples and forward them to a National Institute on Drug Abuse (NIDA) certified drug testing laboratory. The company must also provide a Certified Chain of Custody and Control Form copy on request.
- 5.04 Urine samples shall be tested by the EMIT method and if determined positive, the sample shall be confirmed by a GC/MS test (gas chromatography/mass spectrometry).
- 5.05 Urine samples which yield a positive drug test result shall be maintained in a frozen state by the laboratory for a period of one year as to allow re-testing of the sample if the Department considers it appropriate or if the member pays for the cost thereof.
- 5.06 For both positive and negative test results, a written test report will be sent to the Local Pension Board for review and results of positive or negative forwarded to the Executive Board.
- 5.07 The member whose test results are positive for the use of drugs or alcohol shall have the right to obtain copies of the Chain of Custody and Control Form and test result, upon a written request to the Executive Board.
- 5.08 Urine samples which are challenged for retest, can for any reason be split and sent to another laboratory at the member's expense, for a second confirmation test upon written request by the member to the Executive Board.

Article VI – Pre-Placement Applicant Notification

- 6.01 Pre-placement drug testing will be effective January 1, 2000.
- 6.02 All present members of the Department are required to sign all consenting forms before January 1, 2000 effective date. Failure to do so will result in that member being placed on administrative leave pending Executive Board investigation. Disciplinary action shall be taken pursuant to Article XVIII of this policy.
- 6.03 All persons applying for membership with the Department will be made aware that the Department has a Drug Free Workplace Policy and that membership is expressly conditional upon the applicant consenting to all provisions of this Policy and passing a test for drugs.
- 6.04 Applicants who have satisfied the qualifying criteria for the membership class will be asked to sign the necessary forms for a test of drugs and/or alcohol to be conducted and the test results released to the Local Pension Board. Applicants refusing to sign the Policy and the consent forms are not eligible for membership with the Department.

Article VII – Member Notification

- 7.01 All current members must be notified, both verbally and in writing, of this Policy at the time of program implementation. All current members will be given at least thirty (30) days notice prior to actual implementation of the Policy and any scheduled testing.
- 7.02 Each member must receive a copy of this Policy and sign a Policy Receipt along with the following forms:
- A. Drug Test Consent and Information Release Form
 - B. General Records Release Authorization
- 7.03 All members will be required to sign above forms. Members refusing to sign the Policy and the consent forms will be placed on Administrative Leave pending the Executive Board investigation.
- 7.04 All member's signed Policy and consent forms shall be maintained in the individual member's personnel file and the locked file maintained by the Local Pension Board.

- 7.05 All members shall be provided a written copy of this policy on or before the first day of joining the department, or within thirty (30) days after this policy is adopted by the department, whichever is later.

Article VIII – Exhibiting the Characteristics of Using Drugs and/or Alcohol Use

- 8.01 When a member exhibits behavior of physical characteristics which in the opinion of the Fire Chief or his representative, and/or Officers in charge, appear to be under the influence of drugs or alcohol, the member will be removed from the fire ground operation, training function, and/or meeting, and placed on administrative leave. When the Fire Chief or his representative, in consultation with two Line Officers or one Line Officer and one Executive Board member, concur that the action of the member risk the health of safety of the member or others, will transport the member to the department's designated testing facility to undergo a test for the use of drugs and/or alcohol.
- 8.02 The member who is exhibiting the characteristics of using drugs and/or alcohol is not allowed to operate a motor vehicle or leave the department premises while operating a motor vehicle. The member's senior officer and/or incident commander shall make every reasonable effort to have the member transported by the department, or by department paid transportation, to the member's destination (the drug testing facility, home and/or to the location of the member's choice).
- 8.03 Any member transported to the department designated testing facility that undergoes a test for the use of drugs and/or alcohol under this article, may be immediately placed on administrative leave. However, if test results are delayed and the member is not longer exhibiting characteristics that may be related to, or the result of the use of drugs and/or alcohol, the member may be returned to duty pending receipt of the drug results. Under no circumstances shall the member's senior officer and/or incident commander or the Fire Chief allow a member to return to work if the member is exhibiting characteristics that may be related to or is the result of the use of drugs and/or alcohol.
- 8.04 Any member required to be tested for the presence of drugs and/or alcohol in accordance with this article may (at the member's request) have medical examination performed on him or her. However, any member's request for a medical examination shall not interfere with or delay the test for drugs and/or alcohol. The department is not responsible for the cost of any member requested medical examination that is conducted in conjunction with or subsequent to a drug test taken in accordance with this section.
- 8.05 After the department receives the results of the test for drugs and/or alcohol, the member will be notified of the results and any action, if applicable, to be taken by the department in accordance with this policy.
- 9.01 After the Local Pension Board receives notification of the test results, the member will be notified of the results and direction on when to meet with the department's Executive Board. This notification shall be made by one of the following forms:
- a. Regular Mail and Verbal Notification – for negative results
 - b. Certified Mail Restricted Delivery Only – for positive results
 - c. Hand carried to the member's residence and hand delivered to said member, by the Fire chief or his representative and/or District Chief.

(Note: This form of notification can and will be used to retrieve any Fire Department issue equipment for said member for a positive test result. Also, the above named officers can and will use the Dickinson Police Department to retrieve fire Department Equipment if necessary.)

9.02 In the event a member's drug and/or alcohol test results are positive for the presence of drugs and/or alcohol, the member shall be subject to disciplinary procedures pursuant to Article XVII of this Policy.

9.03 Upon written notification that a drug or alcohol test is returned with a negative result by the department's testing facility, the Fire Chief will reinstate the member to full membership.

Article X – Refusing A Requested Test For Drugs and/or Alcohol

10.01 When a member refuses a requested test for drugs and/or alcohol, the member shall be placed on Administrative Leave. The Executive Board shall conduct a hearing within three (3) days to determine the appropriate disciplinary action.

Article XI – Re-Application For Membership

11.01 If a member has been terminated for two violations of this Policy, that former member will not be eligible to re-apply for thirty (30) months as a new member in this Department

11.02 If a member rejoins the Department and is terminated a third time due to violation of this policy, the former member will receive a lifetime suspension from the Department.

Article XII – Confidentiality Of Records And Information

12.01 The records, test results, and all other information regarding this Policy shall not be maintained in a member's personnel file (with the exception of the signed Policy and consent/acknowledgment forms associated with this Policy). Testing information will be on record only at the Department's designated testing facility and Dickinson Volunteer Fire Department in a separate locked file maintained by the Local Pension Board. Access to this file, and copies of documentation in the file, is limited to:

- a. Local Pension Board (Medical Record's Authority)
- b. Department Executive Board Members
- c. City attorney for the City of Dickinson
- d. Subpoena by a Court of Law
- e. The member whose records are sought

12.02 Department members authorized to have access to this confidential file shall not communicate any of the information contained in the file to any person who is not authorized by this policy in accordance with Section 13.01 or by law to receive such information.

12.03 Unauthorized disclosure of confidential information shall subject the individual making the unauthorized disclosure to disciplinary procedures pursuant to Article XVII of this Policy, up to and including termination from the Department, pending an investigation and review of the charges by the Executive Board.

Article XIII - Policy Violation Notifications

13.01 Each member has the responsibility of reporting accidents, injuries or policy violations to the Department immediately, whether the member is a direct participant, a witness, or involved in any way whatsoever with the incident.

13.02 The Department maintains the right to act in accordance with this Policy at the time any violation or incident is brought to the Department's attention. Delays in reporting violations or incidents to the Department in no way impede this right.

Article XIV - Notices/Policy Accessibility

14.01 A notice for Drug and Alcohol Testing will be posted on station bulletin boards and in other appropriate locations as determined by the Department.

14.02 A copy of the Policy will be maintained in an accessible location for member reference purposes.

14.03 A copy of this Policy will be placed in the New Member application packages.

Article XV - Policy Administration

15.01 The Policy is administered by the Fire Chief and designated Officers who shall be responsible for implementation, management, and any procedure inherent in this Policy.

15.02 The Executive Board will act a coordinator for members and the designated laboratory.

15.03 A member who is exhibiting the characteristics of being under the influence of drugs or alcohol is not allowed to operate a personal/department vehicle or to leave Department premises while operating a personal/department vehicle. The Department shall provide transportation for the member.

15.04 Under no circumstances shall a member be allowed to participate in Department activities if the member is exhibiting characteristics which may be related to or the result of the use of drugs and/or alcohol.

15.05 Any member required to be tested for the presence of drugs and/or alcohol in accordance with this Article may (at the member's request) have a medical examination performed on him or her. However the member's request for a medical examination shall not interfere with or delay the test for drugs and/or alcohol. The Department is not responsible for the cost of any member's requested medical examination that is conducted in conjunction with, or subsequent to a drug test taken in accordance with this Section.

15.06 A member has the right to request immediate transportation to the Department's testing facility if the First Chief or his representative per Article IV or VIII remove said member from the Department's fire grounds training meeting or

Department function. If a member is removed from Fire ground operation he/she must wait until the operation is terminated before transportation to the testing facility will be provided.

15.07 If a member has been removed from the fire ground operation he/she must remain on scene for transportation to the department's testing facility. Failure to do so will result in disciplinary action pursuant to Article XVII of this Policy.

Article XVI – Administrative Leave

16.01 A member shall be placed on administrative leave only by the Fire Chief and/or President or their representative pursuant to this policy.

16.02 When a member is on administrative leave he/she may attend the regular meeting and receive any classroom training, but will not be allowed to participate in any training outside the classroom setting or drive and/or ride in any department vehicles. The exception to this article is for transportation to the Department's testing facilities or to their home.

16.03 While a member is on administrative he/she will not be allowed to respond to any fire calls.

16.04 A member on administrative leave will have all their gear, radio/pager pulled at that time.

Article XVII – Disciplinary Action

17.01 Upon written notification that a member's drug or alcohol test is returned with a positive result by the Department's testing facility, said member will be notified pursuant to Section 9.01 of this Policy.

17.02 Any member who fails to comply with Section 15.07 of this policy shall be suspended for a period of six (6) months for the first offense and thirty (30) months for the second offense.

17.03 Any member found in violation of this policy on the second offense shall be terminated for a period of thirty (30) months.

17.04 Any member found in violation of this policy after returning from the thirty (30) month termination shall receive a lifetime termination from the department.

17.05 Any Executive Board member found disclosing Confidential information shall be suspended from the Executive Board immediately and suspended or terminated from the Department pending the Executive Board's investigation.

New Member Check List

Name: _____ Date Paperwork Received: _____

Date of Criminal History: _____ Date Presented at Business Meeting Presented: _____

Approved or Denied at Business Meeting Date eligible for Pension Program: _____
(circle) (6 months after accepted into DVFD)

Required Paperwork:

Approval/Date

_____	Application	_____
_____	Criminal History	_____
_____	Pension Form 502	_____
_____	Physical Examination	_____
_____	Insurance Beneficiary Designation Form	_____
_____	Emergency Medical Form	_____
_____	Drug Policy	_____

DICKINSON VOLUNTEER FIRE DEPARTMENT, INC. APPLICATION FOR MEMBERSHIP

APPLICATION DATE	DATE OF PROBATION	DATE OF MEMBERSHIP
------------------	-------------------	--------------------

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER (JR., SR, MD, ETC.)
-----------	------------	-------------	---------------------------

ADDRESS	CITY, STATE, ZIP
---------	------------------

HOME PHONE	WORK PHONE	CELL, PAGER, OTHER
------------	------------	--------------------

DATE OF BIRTH	TX DL #	CLASS	SOCIAL SECURITY NUMBER	EMAIL ADDRESS
---------------	---------	-------	------------------------	---------------

SEX	RACE	HAIR	EYES	HEIGHT	WEIGHT	BLOOD TYPE
-----	------	------	------	--------	--------	------------

LIST YOUR CURRENT PLACE OF EMPLOYMENT INCLUDING DATES, ADDRESS, POSTION AND SUPERVISOR

LIST ANY PHYSICAL CONDITIONS WHICH MAY PREVENT YOU FROM PERFORMING THE DUTIES OF A FIRE FIGHTER

LIST ALL ARRESTS, INDICTMENTS AND CONVICTIONS FOR MISDEMEANOR OR FELONY OFFENSES AND GIVE DATES

LIST ALL TRAFFIC CITATIONS AND TRAFFIC ACCIDENTS FOR THE PAST 7 YEARS

EMERGENCY CONTACT #1

EMERGENCY CONTACT #2

RELATED CERTIFICATIONS (TYPE, DATE, EXPIRATION)

EDUCATION & RELATED TRAINING (TYPE, DATE, DEGREE, EXPIRATION)

LIST ALL FIRE DEPARTMENTS IN WHICH YOU HAVE BEEN A MEMBER

LIST ALL FIRE DEPARTMENTS IN WHICH YOU HAVE BEEN A MEMBER

LIST ALL FIRE DEPARTMENTS IN WHICH YOU HAVE BEEN A MEMBER

**DICKINSON VOLUNTEER FIRE DEPARTMENT, INC.
APPLICATION FOR MEMBERSHIP**

DESCRIBE IN DETAIL WHY YOU WISH TO JOIN THE FIRE DEPARTMENT

Due to the nature of service rendered and nature of the work involved, being a member of the Dickinson Volunteer Fire Department requires the highest standards of citizenship, integrity, character, honesty, faith and trust in fellow fire fighters.

Therefore, I _____, agree to allow members of the Dickinson Volunteer Fire Department, Dickinson Fire Marshal's Office or Dickinson Police Department to conduct a full and complete investigation into my credit, criminal history, driving record, employment history or other issue believed to be necessary by the Membership Committee and/or the Fire Chief for initial membership.

Signature

Date

Participation in activities of the Dickinson Volunteer Fire Department may result in exposure to one or more blood borne pathogens. The Dickinson Volunteer Fire Department recommends that all members obtain Hepatitis B inoculations, beginning immediately upon joining the Department. It is understood that after a period of one year, I may request reimbursement for the actual cost of the inoculations. I further understand that if I do not wish to receive the inoculation, I will be required to sign a declination statement prior to membership. I have read and understand the above statement.

Signature

Date

If accepted to membership, I pledge to comply with the rules and by-laws of the Dickinson Volunteer Fire Department and agree to attend a minimum of 40% of all drills and 25% of all fire calls. I promise to comply with all lawful requests and orders made by Departmental officers when in attendance at drills, meetings, functions or calls of the Fire Department. I understand that this application or membership in the Dickinson Volunteer Fire Department in no way constitutes a contract for employment and that no remuneration will be provided for my services to the community.

Signature

Date

DRUG FREE WORKPLACE POLICY

Member Receipt

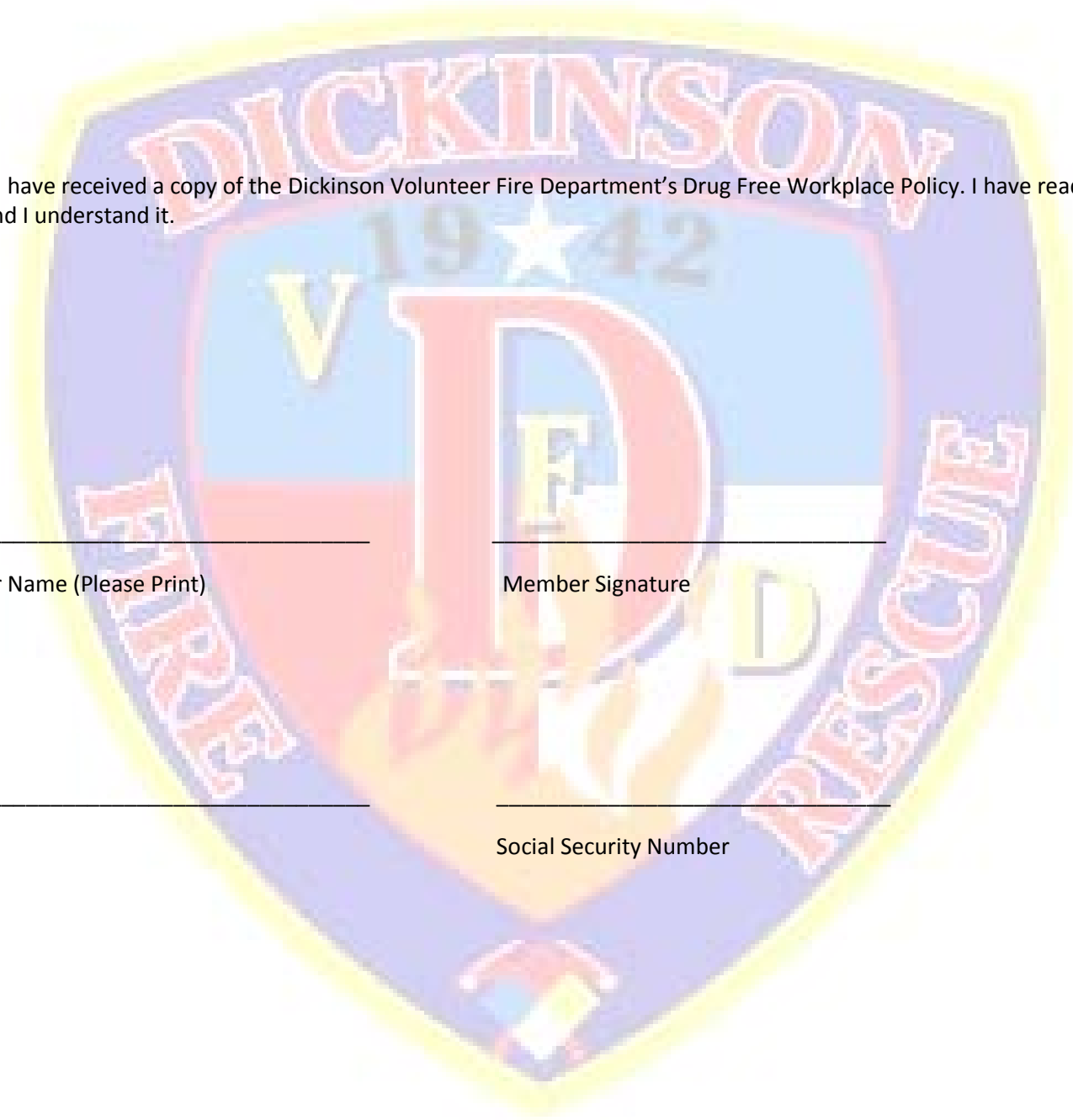
I have received a copy of the Dickinson Volunteer Fire Department's Drug Free Workplace Policy. I have read the policy and I understand it.

Member Name (Please Print)

Member Signature

Date

Social Security Number



DRUG TEST CONSENT AND INFORMATION

RELEASE FORM

I Understand that one of the components of the Dickinson Volunteer Fire Department (“Department”) Drug Free Workplace Policy (“Policy”) and one of the conditions of my membership, and/or continued membership, is a urine test(s), or other test as may be necessary, to determine whether I am using drugs or alcohol as defined in the Policy. I have received a copy of the Policy and I understand it.

I further understand that failure to consent to and cooperate with drugs and alcohol test(s) as designated in the policy may be considered grounds for terminating my membership or a withdrawal of my application. I hereby consent to the drug and alcohol tests as set forth in the Policy. I authorize the Dickinson Volunteer Fire Department and testing Laboratory to conduct the necessary test(s) to determine the presence of any drugs and/or alcohol.

I also authorize the testing Laboratory to release the results of the drug and alcohol test(s) to the Pension Board of the Department as designated in the Policy.

I understand that this information will otherwise be kept confidential and will not be released without my written consent or as is otherwise permitted by law.

AGREED:

WITNESS:

Member Signature

Witness Signature

Printed Name

Printed Name

Date

Date

GENERAL RECORDS RELEASE AUTHORIZATION

I, _____ hereby authorize and consent to the Dickinson Volunteer Fire Department's designated testing Laboratory to release from their records the results of drug and alcohol test to the Executive Board of the Dickinson Volunteer Fire Department, and to any duly authorized representative as designated in the Policy, until such time, if ever, that I deliver a written revocation to the Laboratory.

The purpose or need for such disclosure is to determine whether any drugs or alcohol, as defined in the Dickinson Volunteer Fire Department Drug Free Workplace ("Policy"), are being used by me. I have received a copy of the Policy and I understand it.

This consent is subject to written revocation at any time except to the extent that the above Laboratory has already acted in reliance thereon.

Member Signature

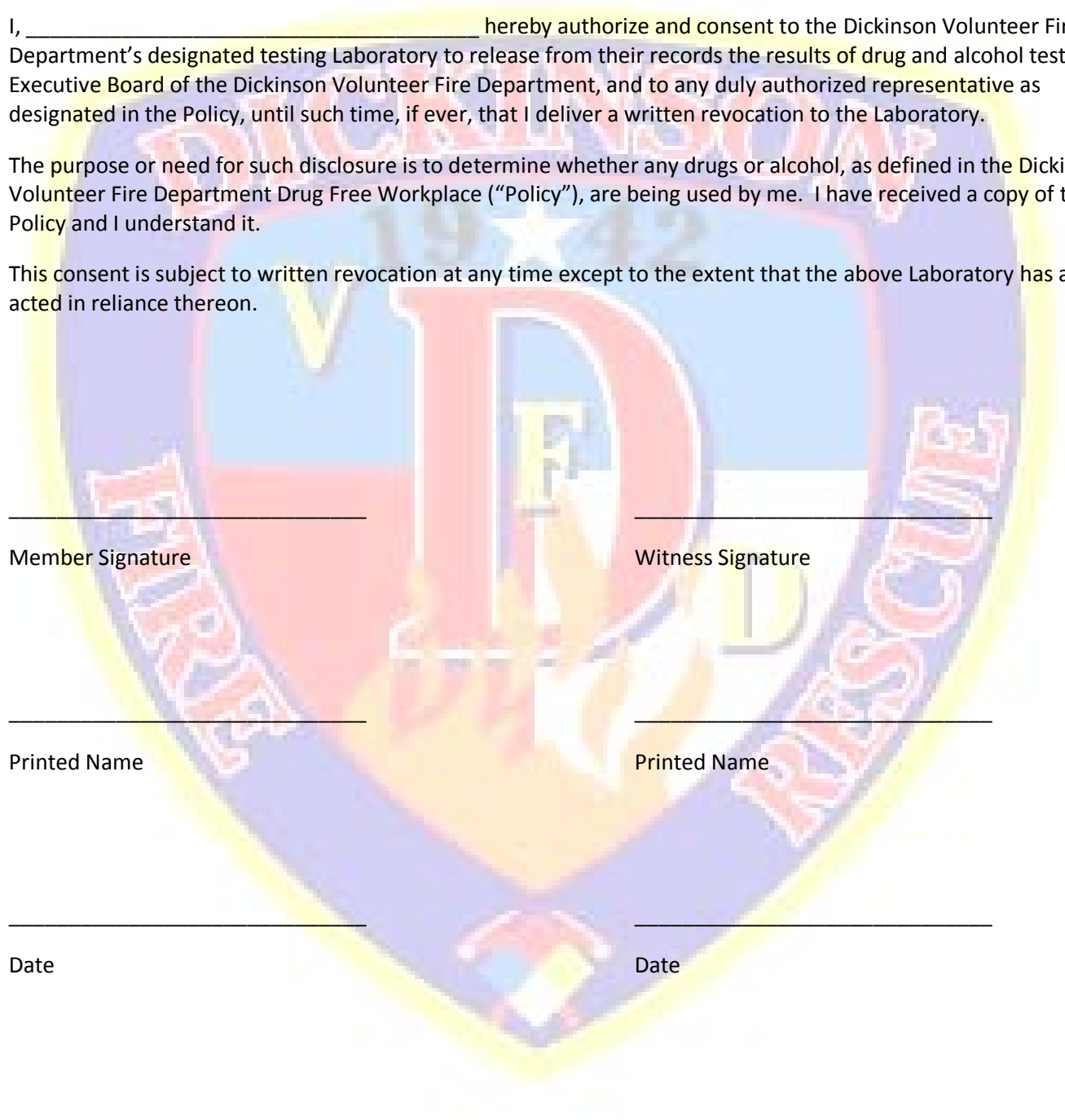
Witness Signature

Printed Name

Printed Name

Date

Date



**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM 502: PERSONNEL RECORD**

PLEASE TYPE OR CLEARLY PRINT AND SUBMIT THE ORIGINAL FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE.
THE DEPARTMENT MUST HAVE A CERTIFICATE OF FITNESS ON FILE FOR THE FOLLOWING MEMBER.

DEPARTMENT NAME	DICKINSON VOLUNTEER FIRE DEPARTMENT, INC.			
1. MEMBER INFORMATION				
NAME (Last, First, MI)		SOCIAL SECURITY NO.		
MAILING ADDRESS		DATE OF BIRTH		
CITY STATE ZIP		SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PHONE NO.		MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
2. SERVICE INFORMATION				
MEMBER ENTRY DATE INTO THE DEPARTMENT				
MEMBER ENTRY DATE INTO THE PENSION SYSTEM				
CERTIFICATION OF PHYSICAL FITNESS (ENTER THE DATE OF THE CERTIFICATION OF PHYSICAL FITNESS)				
3. PRIOR SERVICE INFORMATION				
DOES THE MEMBER HAVE ANY PRIOR SERVICE IN A DEPARTMENT THAT PARTICIPATES IN THE TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, ENTER THE DEPARTMENT NAME				
4. LIST OF BENEFICIARIES FOR LUMP SUM DEATH BENEFITS				
NAME (Last, First, MI)	SOCIAL SECURITY NO.	RELATIONSHIP	LUMP SUM %	DATE OF BIRTH
SECONDARY BENEFICIARIES (your benefits will only be paid to secondary beneficiary(ies) if the primary beneficiaries are deceased.)				
5. MEMBER'S SIGNATURE				
BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE. This beneficiary designation revokes all previous beneficiary designations. I request that, should I die before retiring, any death benefits that may be due be paid to the person(s) listed above.				DATE OF SIGNATURE
X				
6. CERTIFICATION BY LOCAL BOARD CHAIRMAN, VICE-CHAIRMAN, OR SECRETARY				
BEFORE ME, the undersigned authority, on this day personally known to me to be the person whose name is subscribed to the foregoing instrument and acknowledges to me, and executed the same for the purposes and consideration therein expressed.				
BOARD OFFICER'S SIGNATURE	BOARD OFFICER'S PRINTED NAME	BOARD OFFICER'S TITLE	DATE OF SIGNATURE	
X				





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) <i>(Emergency Service Organization Name)</i>		
<input type="checkbox"/> _____	Policyholder <u>DICKINSON VOL. FIRE DEPT.</u>	Policy Number <u>VFP-4444-5057-01</u>
<input type="checkbox"/> _____	Policyholder _____	Policy Number _____
<input type="checkbox"/> _____	Policyholder _____	Policy Number _____
<input type="checkbox"/> _____	Policyholder _____	Policy Number _____
<input type="checkbox"/> Other _____		
<input type="checkbox"/> 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	Relationship to Insured	Date of Birth	Percent <small>(Must equal 100%)</small>
BENEFICIARY DESIGNATION – Contingent Class	Relationship to Insured	Date of Birth	Percent <small>(Must equal 100%)</small>

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 to 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.