



**Windcrest Volunteer Fire Department  
8601 Midcrown Dr  
Windcrest, TX 78239  
210-655-0022  
November 2013**

**Thank you for your decision to volunteer with the Windcrest Volunteer Fire Department (WVFD). We have a long tradition of providing first rate emergency services to the City of Windcrest and our assigned Bexar County area. We are a very busy department – we respond to around 2000 emergencies each year.**

**Our support from the City of Windcrest is outstanding. We enjoy state of the art Fire and EMS equipment. The latest edition to our fleet is a 2008 Rosenbauer pumper with Compressed Air Foam capabilities. We have a 100' Aerial Platform, we are in the beginning stages of replacing that.**

**The city purchased two homes adjacent to the Fire Department and we have turned them into fire dorms. These Fire Dorms can accommodate a dozen or so volunteer firefighters. The firefighters that live in the dorm enjoy no cost living – the only thing they pay for is their own food.**

**The City of Windcrest considers the Volunteers in the Fire Department to be employees of the city and treats them as such. The firefighters who are accepted into our program go through a rather extensive background check. I ask that you bear with us as we go through this process but it is necessary for our safety as well as the public safety.**

**Please feel free to call me anytime to ask questions about the department or the process of acceptance.**

A handwritten signature in black ink, appearing to read "Erick A. Vargas". The signature is stylized and cursive.

**Erick A. Vargas  
Acting Chief, Windcrest Volunteer Fire Department  
Office: 210-655-0022, ext 2180  
Mobile: 210-693-8197**

## **Application Process**

**The application process to be accepted into the Windcrest Fire Department is as follows:**

- The applicant will set up a personal meeting with the Fire Chief to discuss the expectations of the individual as well as the expectations of the Windcrest Volunteer Fire Department. Prior to meeting the Fire Chief, the applicant will have read and will have opportunity to discuss the job description of a firefighter (attached to this application).**
- The applicant will complete the application and bring it to the Fire Department to be notarized.**
- Required Documents to be included in the application:**
  - DD-214 (If applicable)**
  - Birth Certificate**
  - SS Card**
  - Texas Drivers License**
  - High School Diploma or GED Certificate**
  - Any Court Dispositions**
- The applicant will set up an appointment through Administrative Assistant Amanda Oscar (210-599-6007) to come in for fingerprinting – the results of the fingerprint background usually takes 3 to 4 weeks.**
- Once references are checked and fingerprinting background are complete, the applicant may be scheduled for and complete a polygraph exam. The form for the Polygraph is in the Administrative Assistant's Office.**
- Once results of the polygraph exam are received, the applicant may complete a physical exam and agility test.**
- After all requirements are completed, the applicant may be approved as a probationary member of the Windcrest Fire Department. That will be done at the first Fire Association meeting following the completion of the application process described above.**

**The expenses for this application process will be paid for by the Windcrest Volunteer Fire Department.**

**NOTE: Windcrest Volunteer Fire Department has a close relationship with the Windcrest Volunteer Fire Association (WVFA). The applicant may become a probationary member of the WVFA while the process is ongoing. The applicant is strongly encouraged to attend training as an observer during the application process.**

## **JOB DESCRIPTION**

### **CITY OF WINDCREST, TEXAS**

Job Title: Firefighter

Date: November 2013

Department: Fire Department

Reporting Responsibility: Fire Lieutenant

#### **Status: Volunteer**

#### **JOB SUMMARY:**

The purpose of this job is to perform specialized duty work functions in preparing for and responding to fire/medical emergency calls and in providing general support within the Fire Department. Duties and responsibilities include maintaining readiness for emergency call response; responding to fire, medical, and related emergency calls when dispatched and taking proper action; educating staff and public on fire safety/prevention; and performing other tasks related to City and Fire Department

#### **JOB ANALYSIS:**

##### Prerequisites of the Job:

- Must be eighteen (18) years of age or older at the time of hire.
- High school diploma or equivalent, required.
- No felony convictions or disqualifying criminal histories in the past five years.
- Must hold (or be willing to train as) an Emergency Care Attendant (or higher) certificate from the Texas Department of Health.
- Must be proficient in and have a complete NIMS/ICS 100, 200 and 700 training within 90 days of acceptance (this can be done self paced on line)
- Must complete Windcrest Volunteer Fire Department requirements for probationary members, duties described below will be taught to the firefighter.
- Volunteer firefighter positions with the City of Windcrest are treated like a paid position. Background checks, physical exams and polygraph tests will be accomplished prior to the decision to accept the person as a firefighter.

##### **Physical abilities for performance of essential duties:**

This position is a highly hazardous position in that the incumbent must be capable of entering flaming and smoke filled buildings, wear heavy fire protection gear, wear self contained breathing apparatus, lift and carry heavy weights, remove persons or bodies from burning buildings, pull difficult to handle water charged hoses, enter dangerously damaged vehicles in effort to extricate injured persons and, provide medical care to severely injured persons and persons who have life threatening illnesses and/or diseases, work all hours of day or night, indoors and outdoors and in all types of severe weather. The incumbent must be able to work with heavy ladders, extraction tools, fire axes and bars, portable beds for carrying bodies and other types of heavy emergency equipment. This position is required to walk, run, stand, stoop, bend, climb, kneel, sit and squat depending on the need. During emergencies these abilities are often required for long extended time periods. Often the incumbent is exposed to heat, flames, dust fumes, toxic fumes from burning material, and mechanical and explosive hazards. The incumbent must be in good health and remain physically fit to with stand the heavy physical demands prevalent in emergency conditions. The incumbent must have the ability to read, write and communicate effectively with the public in person or by telephone. The incumbent must have the ability to establish and maintain an effective relationship, and to communicate with departmental personnel, other city employees and the public.

#### **JOB DUTIES:**

1. Protects life and property by performing fire fighting, emergency aid, hazardous materials, and fire prevention duties.
2. Maintains fire equipment, apparatus and facilities
3. Performs firefighting activities including, laying hose, and performing fire combat, containment and extinguishment tasks.
4. Performs emergency aid activities including administering first aid and providing other assistance as required.

5. Performs salvage operations such as throwing salvage covers, sweeping water, and removing debris.
6. Response to fire alarms and extinguishes or controls fires as a member of a team under the supervision of an officer.
7. Selects, drags, lifts and carries hose and nozzle depending on the type of fire, and correctly applies a stream of water or chemicals onto the fire.
8. Positions and climbs ladders to gain access to upper levels of buildings or assist individuals from burning structures
9. Creates opening in buildings for ventilation or entrance using appropriate and available manual and power tools.
10. Wears appropriate protective clothing and equipment, including self-contained breathing apparatus.
11. Attends regular training sessions to maintain firefighter skills.
12. Performs inspections and minor repairs to fire apparatus.
13. Performs general maintenance work in the upkeep of the fire facility and equipment; cleans and washes fire hose.
14. Participates in public information programs.

**SCOPE OF SUPERVISION:**

The firefighter follows the supervision of the officer in charge of the incident – normally a Lieutenant or Captain.

**Acknowledgement of Job description:**

I have reviewed this job description and find it to be a fair description of job responsibilities and duties

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Employee

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Supervisor: Erick Vargas

**WINDCREST FIRE DEPARTMENT  
PERSONAL HISTORY STATEMENT – FIREFIGHTER**

**Instructions:**

This instruction sheet is provided as a guide to assist applicants in properly completing the Personal History Statement. It is essential that all information provided be accurate in all respects as it will be used as a basis for a background investigation to determine applicant eligibility.

1. The Personal History Statement must be completed by applicants in their own handwriting, printed legibly and in ink. **Do not type.**
2. Avoid errors by reading the directions carefully before making any entries on the form. Be certain information is correct and in proper sequence before beginning.
3. If there is insufficient space on the form to include all required information, attach extra sheets to the Personal History Statement. Be certain to reference the relevant section and question number before continuing with the answer.
4. If a question is not applicable, enter "N/A" in the space provided. Blank spaces will be considered omissions and will only result in the rejection of the Personal History Statement and delay any further processing.
5. Applicants are responsible for obtaining **correct addresses** and **zip codes**. If uncertain about addresses or zip codes, check them by personal verification.
6. Do not misstate or omit material facts since the statements made herein are subject to verification to determine qualifications for future consideration should openings become available. These questions will be asked again during a detailed interview with an investigator, and then verified by a polygraph examination. False or misleading statement or answers are cause for denying or terminating the application process.

Have you read and do you understand all the previous listed instructions? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

**WINDCREST FIRE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

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**A. APPLICANT IDENTIFICATION:**

Name (last, first, middle) \_\_\_\_\_

Address (number, street) \_\_\_\_\_ Apt# \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Pager (type) \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Are you at least 21 or older \_\_\_\_\_ Social Security # \_\_\_\_\_

Place of Birth (city, county, state) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Describe significant scars, all tattoos or other distinguishing marks

\_\_\_\_\_  
\_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ By birth? \_\_\_\_\_ Naturalized? \_\_\_\_\_

Have you ever been known, or gone by, any assumed or fictitious name, or had your name changed? \_\_\_\_\_

If yes, list name(s) used \_\_\_\_\_

\_\_\_\_\_

**B. RESIDENCES: List all residences where you have lived since age of 17 years beginning with your present address.  
List date of occupation by month and year. Include military assignments.**

FROM	TO	ADDRESS
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. WORK HISTORY: Beginning with your present or most recent job, list all employers since the age of 17 years.  
Include part-time, seasonal or temporary employment. Identify all periods of unemployment.**

1. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address (include city, state and zip code)

\_\_\_\_\_

Phone \_\_\_\_\_ Job Title \_\_\_\_\_

**C. WORK HISTORY CONTINUED:**

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address (include city, state and zip code)  
\_\_\_\_\_

Phone \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address (include city, state and zip code)  
\_\_\_\_\_

Phone \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address (include city, state and zip code)  
\_\_\_\_\_

Phone \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

5. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address (include city, state and zip code)  
\_\_\_\_\_

Phone \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**C. WORK HISTORY CONTINUED:**

6. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address (include city, state and zip code)

\_\_\_\_\_

Phone \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

7. From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address (include city, state and zip code)

\_\_\_\_\_

Phone \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Between employments which you listed, did you ever receive unemployment compensation? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ If yes, list the name of the bonding company.

\_\_\_\_\_

**D. REFERENCES: List five (5) persons who know you well enough to provide current information about you. DO NOT list relatives, former employers**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Years Known \_\_\_\_\_ Approx Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Years Known \_\_\_\_\_ Approx Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**D. REFERENCES CONDITINUED:**

Business Address \_\_\_\_\_

Years Known \_\_\_\_\_ Approx Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ City State ZIP

Business Address \_\_\_\_\_

Years Known \_\_\_\_\_ Approx Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ City State ZIP

Business Address \_\_\_\_\_

Years Known \_\_\_\_\_ Approx Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

**E. MARITAL & FAMILY HISTORY:**

- Marital status:    \_\_\_ Single  
                      \_\_\_ Married - answer section (a)  
                      \_\_\_ Engaged - answer section (a)  
                      \_\_\_ Living with someone (inc. roommate) - answer section (b)

a. Name (inc. maiden name) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_ City State ZIP

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

b. Roommate(s) Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

List all children related to you or your spouse (natural, step-children, adopted and foster children)

Name	Relation	DOB	Address	Supported By Whom?



Parents phone number \_\_\_\_\_

**F. ARRESTS, DETENTIONS AND LITIGATION:**

Have you, your immediate family or anyone in your household ever been arrested or detained by any law enforcement agency?

If yes, complete the following:

Name	Offense	Relation	Police Agency City & State	Date
_____				
_____				
_____				
_____				

**G. TRAFFIC RECORD:**

Can you operate an automobile? \_\_\_\_\_ Motorcycle \_\_\_\_\_

Did you ever possess a driver's license issued by any other state than Texas? \_\_\_\_\_

If yes, provide the following information:

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Have you ever had a driver's license suspended or revoked? \_\_\_\_\_

If yes, list reasons, date and length of suspension:

\_\_\_\_\_

With which company do you carry auto insurance?

\_\_\_\_\_

List all traffic citations you have received, excluding parking tickets:

Month/Year	Charge	City/State	Disposition
_____			
_____			
_____			
_____			
_____			

Have you ever been involved in a motor vehicle accident?

If yes, give complete details for each accident whether collision, non-collision or hit and run:

a. Date \_\_\_\_\_ Police Investigation? \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Cause of accident (example: ran red light, careless driver, etc.)

\_\_\_\_\_

Who was charged with the accident? \_\_\_\_\_

**G. TRAFFIC RECORD CONTINUED:**

b. Date \_\_\_\_\_ Police Investigation? \_\_\_\_\_

Location (City & State) \_\_\_\_\_

Cause of accident (example: ran red light, careless driver, etc.)  
\_\_\_\_\_

Who was charged with the accident? \_\_\_\_\_

List all vehicles that you currently own or operate:

Year	Make	Model	Color	Lic #	Own?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**H. EDUCATIONAL HISTORY:**

High School Attended	Address City, State, Zip	Dates Attended From	To	Grad?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

College or university attended \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Hours attempted \_\_\_\_\_ Hours completed \_\_\_\_\_

Major \_\_\_\_\_ Degree recv'd and date \_\_\_\_\_

College or university attended \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Hours attempted \_\_\_\_\_ Hours completed \_\_\_\_\_

Major \_\_\_\_\_ Degree recv'd and date \_\_\_\_\_

College or university attended \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Hours attempted \_\_\_\_\_ Hours completed \_\_\_\_\_

Major \_\_\_\_\_ Degree recv'd and date \_\_\_\_\_

**H. EDUCATIONAL HISTORY CONTINUED:**

List other schools attended (trade, vocational, business, etc.). Give name and address of school(s) and date(s) attended.

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**I. FINANCIAL HISTORY:**

Sources of income:

What is your present monthly salary or wages? \_\_\_\_\_

Do you have income from any other source other than your principal occupation? \_\_\_\_\_

If yes, how much? \_\_\_\_\_

Source \_\_\_\_\_

**J. MILITARY RECORD:**

Have you served in the U.S. Armed Forces?

Dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

Unit designation \_\_\_\_\_ Military service # \_\_\_\_\_

Highest rank held \_\_\_\_\_ Type discharge \_\_\_\_\_

Job title (rifleman, security, etc) \_\_\_\_\_

Were you ever disciplined while in the military service (including court-martial, captain's masts, article 15, etc.)? \_\_\_\_\_

Charge	Branch	Date	Disposition
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If you received a discharge other than honorable, give complete details:

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Current status:

Retired \_\_\_\_\_ Natl Guard \_\_\_\_\_ Reserves \_\_\_\_\_ State Guard \_\_\_\_\_

Active \_\_\_\_\_ Inactive \_\_\_\_\_ What branch and unit \_\_\_\_\_

Rank \_\_\_\_\_ 1st Sgt \_\_\_\_\_ CO \_\_\_\_\_

**K. SPECIAL QUALIFICATIONS & SKILLS:**

List any special licenses you hold (pilot, radio operator, etc.)

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If you are fluent in any foreign language, indicate in each area your degree of fluency (excellent, good, fair):

Language	Read	Speak	Understand	Write
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Have you had experience with firearms?

**L. MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT) :**

Name/Address	Type (social, fraternal)	From	To
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**M. PERSONAL DECLARATIONS:**

Describe the frequency and extent of your use of intoxicating liquors:

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Have you ever sold or furnished drugs or narcotics to anyone? \_\_\_\_\_

If yes, which drug and how often? \_\_\_\_\_

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Have you ever attempted to commit suicide? \_\_\_\_\_

If yes, explain \_\_\_\_\_

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Is there anything which would prevent you from fully performing the duties of a firefighter, including working on weekends, evenings or night shifts? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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Are you a member of, or have you ever been a member of, any organization which might be considered radical or subversive? \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

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## Windcrest VFD participates in the Texas Emergency Services Retirement System

You will be entered into that system when your application is complete. This system provides a retirement benefit based on the amount contributed. The City of Windcrest funds this retirement benefit for the Windcrest Fire Department personnel.

The system also provides benefits for On-Duty Disability and Death.

We need to provide beneficiary information to the system, we need your input. In the case of death benefits here are the instructions:

**When designating your beneficiary first step is identification, which is provided by Name, Social Security Number and Birth Date. By designating someone as Type Primary you are indicating that they are to receive the specified percentage of the lump sum benefit. If more than one primary beneficiary is listed, the total allocation of the lump sum benefit must equal 100%. If you mark someone as secondary they will only get the benefit if the primary beneficiary is not alive**

### Beneficiaries:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Beneficiary Type: Primary or Secondary

Relation: \_\_\_\_\_

Percentage: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Beneficiary Type: Primary or Secondary

Relation: \_\_\_\_\_

Percentage: \_\_\_\_\_

**Note: If you designate more than one person you will need to designate the percentage to each person. Of course the total for all beneficiaries needs to equal 100%**

**YOU ARE RESPONSIBLE TO NOTIFY THIS OFFICE OF ANY CHANGES CONCERNING THIS DOCUMENT BETWEEN NOW AND THE TIME YOUR PROCESS IS COMPLETED.**

**I understand that any appointment tendered me will be contingent upon the result of a complete character and fitness investigation.**

**I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF MY APPOINTMENT.**

\_\_\_\_\_  
**Signature of Applicant (to be signed upon return)**

\_\_\_\_\_  
**Date Returned**

**Subscribed and sworn before me, by the said \_\_\_\_\_**

**this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, to certify which witness my hand and seal of office.**

\_\_\_\_\_  
**Notary Public in and for Bexar County, State of Texas**

**My commission expires \_\_\_\_\_ 20\_\_\_\_\_**

# City of Windcrest

# Volunteer Fire Department

8601 Midcrown · Windcrest, Texas · 78239-2598 · (210)599-6007 · Fax (210)655-7204

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of a full disclosure of all records concerning myself to any duly authorized agent of the City of Windcrest Volunteer Fire Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have or have had interest.

I understand that any information obtained by a personal 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 membership in the City of Windcrest Volunteer Fire Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature (including maiden name)

\_\_\_\_\_  
Date of Birth                      Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      ZIP

Subscribed and sworn to before me, by the said \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public in and for Bexar County, State of Texas