

# LONE STAR TASK FORCE

## Adult Member Application (Supplement)

LSTF is an all volunteer emergency response organization, and its funding comes from membership dues, charity events, and donations. LSTF is a partner with local and regional disaster relief organizations and perform services with governmental agencies, private organizations and law enforcement.

### Dear Prospective Member:

Thank you for your interest in LSTF. LSTF membership is open to all persons who meet the membership requirements. Membership is obtained without regard to race, gender, color, creed, religion, disability or ethnic orientation.

As a first responder organization, maintaining Public Trust is our highest priority. For the protection of our members and those we serve, all members are subject to a background check, as required by state and federal guidelines for emergency responders. Any false or misleading information provided by the volunteer or unsatisfactory background investigation reports are grounds for immediate termination.

### ELIGIBILITY

- Minimum 18 years of age
- No disqualifying offenses
- US citizen or legal resident

### DISQUALIFICATIONS to MEMBERSHIP

- A criminal history that indicates you have been convicted of a felony offense or domestic violence.
- Registered sex offender
- Military discharge of less than an Honorable Discharge

### INSTRUCTIONS (Please read thoroughly)

Please complete the online application and submit the following together:

- Completed Membership Application Supplement
- Waiver of Liability
- Release of Information Consent
- Background Review Consent
- (The LSTF board may also require fingerprints in some cases.)

Fill out the application completely. If a question is not applicable, put N/A.

**NOTE: Incomplete or unsigned applications will not be processed and will be returned.**

## SUPPLEMENTAL APPLICANT INFORMATION

The supplemental applicant information should be submitted in addition to completing the online application. Due to the sensitivity of some information, LSTF will only require the submission of some personal data in paper form.

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Last Name First Name M.I.

Preferred Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_  
(If different from first name) (Maiden, Nicknames, Previous Married Names, etc.)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
mm/dd/yyyy

Drivers License #: \_\_\_\_\_ State DL issued: \_\_\_\_\_

Have you ever been convicted of any felony charges?  Yes  No

Have you ever been convicted of any misdemeanor charges?  Yes  No  
(Do not include minor traffic offenses)

If yes, please explain below, attach additional sheets if necessary:

I affirm that the information I have given on this and the online application is true and correct. I understand that there are costs involved pertaining to dues, uniform, and equipment, which are required as a member. Being a member of LSTF is a privilege, not a right. I have read and understand the policies of LSTF (located on the LSTF website) and I agree to comply with such; I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection of this application:

\_\_\_\_\_  
SIGNATURE OF APPLICANT Date:

## RELEASE OF INFORMATION CONSENT

I, \_\_\_\_\_ authorize  
(Name of prospective member)

\_\_\_\_\_ to disclose to  
(Name of Company or Employer)

LSTF the following information:

**Dates of Employment, Job titles and positions held, verify certifications and licenses.**

The purpose of the disclosure authorized herein is to:

**Validate employment, job positions, verify any certifications or licenses.**

I understand that my records are protected under federal regulations and cannot be disclosed without my written consent. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically

as follows: **After information is provided to the above organization.**

(Specification of the date, event, or condition upon which this consent expires)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## BACKGROUND REVIEW CONSENT

I understand and agree that: Lone Star Task Force (LSTF) shall conduct a review of my personal background to include criminal history record information maintained by the Department of Public Safety, the Federal Bureau of Investigation, Identification Division, or any other law enforcement agency. The LSTF Board of Directors may request that I provide a complete set of legible fingerprints and I further understand that I may be precluded from membership for the LSTF for failing to provide such fingerprints on request. I hereby give my voluntary consent to any investigation or any other inquiry into information described above. Further, I hereby consent to the release of any information including certification and academic records to LSTF, back ground reviewer, or persons assisting in conducting review or inquiry on their behalf. I understand that certain information obtained through this review or inquiry may preclude me from becoming a member of LSTF. I further hold harmless and release LSTF its agents, officers or members, from any and all liability for this review, investigation or inquiry, and any action taken as result of information obtained through the review, investigation or inquiry. I further hold harmless and release any person providing information in good faith to LSTF or to any person conducting an investigation or inquiry on their behalf. I further understand that any person or member who intentionally, knowingly, recklessly, or with criminal negligence makes a material incorrect or deceptive oral or written statement to a person conducting a review, investigation commits a misdemeanor.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## WAIVER OF LIABILITY

I understand that emergency service (Search & Rescue and Disaster Response & Relief) operations and training are activities that involve many dangers, and I accept and assume the inherent risks associated with such activities. I fully understand that it is my responsibility to become knowledgeable, stay constantly alert for dangers to others and myself and to decline to participate in any activity for which I am unqualified or unable to safely perform.

I certify that I am over the age of 18 and in suitable physical condition to withstand the rigors of emergency service operations and training if applicable to my specialties. I further understand that it is my responsibility to become and remain physically fit to the degree required for my particular specialties. In the course of emergency service operations I acknowledge that it is possible that I may come in contact with blood borne diseases including but not limited to hepatitis and HIV, or diseases which may be transmitted through contact with other bodily fluids or tissue. It is solely my responsibility to consult with my physician to: (i) learn about the risks to which I may be exposed as a result of LSTF activities and appropriate vaccinations, if any, to reduce the risk of infection, (ii) evaluate whether I have the appropriate fitness level for such activities and (iii) take (or decline to take) the advice of my physician with respect to such matters.

I personally accept all the risks, whether known to me or not, and hereby, for myself, my family and heirs and administrators, waive and release any and all rights and claims for damages I may have against LSTF, or any of the respective members, officers, Board of Directors, and agents or representatives, because of any and all injuries suffered by me while participating in emergency service operations or training or travel to and from same. In case of accident, illness or other incapacity, I understand that I must pay my own medical and/or evacuation expenses, whether or not authorized by me.

I agree to fully indemnify and hold harmless LSTF and its members, officers, Board of Directors, agents and representatives for all of its costs, expenses, and damages arising from or attributable to any claims or actions I might make or bring against LSTF which have been specifically released by me in this document. I agree that in the event any part or portion of this Release from Liability is found to be void or unenforceable, then such part or portion will be stricken but the rest of this document will be given full force and effect.

I have read and fully understand the above:

**Signature:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Printed Name: \_\_\_\_\_