



# TEXSAR

## Adult Member Application

TEXSAR is an all volunteer emergency response organization, and is a nonprofit, charitable corporation without the support of tax dollars. Funding comes from membership dues, charity events, and grants. TEXSAR 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 TEXSAR. TEXSAR 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 new 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

- Felony conviction
- Registered sex offender
- Military discharge of less than an Honorable Discharge
- Use of illegal drugs within the last 10 years
- Conviction of a DUI within the last 5 years
- More details can be found on the TEXSAR website at [www.texasar.org](http://www.texasar.org)

### INSTRUCTIONS (READ THIS)

Get your fingerprint card completed by law enforcement and attach to your application.

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

Attach a personal check or money order for you 6 month dues of \$45 or if paying for the year \$75. **DO NOT PAY ONLINE**

### IF PRIOR MILITARY

Attach a copy of your DD-214 or NGB22.

Mail the completed and signed application, finger print card and check to:

TEXSAR Membership  
13359 N Hwy 183  
Ste. B406-190  
Austin, TX 78750

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

## APPLICANT INFORMATION

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

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

Current Address: \_\_\_\_\_  
Street Address City State ZIP Code

Mailing Address: \_\_\_\_\_  
(If different from above)

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

SSN: (REQUIRED): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

We do not sell email or personal information

Desired Account Password: \_\_\_\_\_

Please provide the 4-8 character password you desire for the TEXSAR membership account.

## EMPLOYMENT INFORMATION

Are you currently employed?  Yes  No *If yes please enter employer information below*

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Normal Hours of Operation: \_\_\_\_\_

## IN CASE OF EMERGENCY – Contact Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Concerns: \_\_\_\_\_

## MILITARY INFORMATION

Have you ever served in the military?  Yes  No If yes please enter branch below

Military Branch: \_\_\_\_\_

*Please provide a copy of your DD-214/NGB22*

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

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

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I affirm that the information I have given on this 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 TEXSAR is a privilege, not a right. I have read and understand the policies of TEXSAR (located on the TEXSAR 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: \_\_\_\_\_

## Consent for Release of Information

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

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

### **TEXSAR**

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)

Dated \_\_\_\_\_

# 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 TEXSAR 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 TEXSAR, 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, which are not covered by the medical accident insurance carried by TEXSAR.

I agree to fully indemnify and hold harmless TEXSAR 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 TEXSAR 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:** \_\_\_\_\_