

	Amarillo Emergency Service	
	Amarillo Emergency Services Application	
	AES-03	Effective Date: 09/18/2025      Version: 1.0

## AMARILLO EMERGENCY SERVICE (A.E.S.) APPLICATION

The AMARILLO EMERGENCY SERVICE (AES) is a volunteer auxiliary of the City of Amarillo, Texas, under the guidance of the Amarillo Police Department for the City of Amarillo, Texas.


By submitting this application, you are giving consent for the City of Amarillo, Texas, to complete a background and driving records check on you to verify a satisfactory arrest and traffic record.

### **Applicants must meet these requirements before an application can be accepted:**

- A. Must be a citizen of the United States and Speak English.
- B. Must be at least twenty-one (21) years of age.
- C. Have a high school diploma or G.E.D.
- D. Must have a valid Texas Drivers License.
- E. Must have a valid working cell phone.
- F. Cannot be on active duty in any branch of the military.
- G. If a military veteran, you must have an Honorable Discharge.
- H. Cannot be a Law Enforcement officer, either sworn or elected.
- I. Cannot have employment or association with any other organizations that could create a conflict with Amarillo Emergency Service.
- J. Must carry Texas Liability insurance.
- K. Must have a road worthy and reliable vehicle.

**IF THE APPLICANT CANNOT MEET THE REQUIREMENTS,  
THE APPLICATION WILL BE REJECTED.**



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Training you've completed that might benefit you as an A.E.S. Member: \_\_\_\_\_

\_\_\_\_\_

Other organizations you belong to: \_\_\_\_\_

\_\_\_\_\_

Personal References (Other Than Family):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever been arrested? ☐ Yes ☐ No If Yes, for what reason: \_\_\_\_\_

Have you ever been refused bond? ☐ Yes ☐ No If Yes, for what reason: \_\_\_\_\_

List of Traffic Violations during last three (3) years: \_\_\_\_\_

\_\_\_\_\_


Why do you want to become a member of the Amarillo Emergency Service? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be able to devote up to twenty (20) hours a month to A.E.S. once the Probationary Membership Period is completed? ☐ Yes ☐ No If No, Why? \_\_\_\_\_

Yes No

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## ACCEPTANCE AND AUTHORIZATION FOR AES AND THE CITY OF AMARILLO

### AMARILLO EMERGENCY SERVICE

If accepted into the membership of the Amarillo Emergency Service, I agree to abide by the By-Laws and Rules & Regulations of A.E.S. and any rules imposed upon me or A.E.S. by the City of Amarillo and I further understand that failure to so could cause for me to be expelled from A.E.S.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

### CITY OF AMARILLO

I authorize the City of Amarillo to investigate any and all facts and statements contained in this application. I understand that any misrepresentation or omission of facts on the application may be cause for disqualifications of this application.

\_\_\_\_\_


Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

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## CITY OF AMARILLO

P.O. Box 1971

Amarillo, Texas 79105

(806) 378 - 3038

### AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern;

I hereby request and authorize you to furnish the City of Amarillo, Texas with any and all information they may request concerning my work record, educational history, military record, financial status, law enforcement investigations, criminal and traffic violation records, general reputation, and past or present medical condition. (Medical records will be used to determine the applicants' ability to meet the minimum physical requirements set forth by A.E.S.)

This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for acceptance in the Amarillo Emergency Service.

I hereby release you and your organization from any liability which could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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