

San Jacinto County First Responders, Inc.
PO Box 1023, Coldspring, Texas 77331
sjcfresponders@gmail.com



Service Agreement

I, _____ agree, according to Texas Department of State Health Services HB 2446 to provide one year (1) of service as a First Responder to San Jacinto County First Responder, Inc.

In the event of my termination or resignation I agree to return all San Jacinto County First Responder. Inc. equipment assigned to me, copies of the By-Laws of the SJCFR, Rules and Regulations, and Protocols.

I understand that failure to complete the one-year service or termination that the Texas Department of State Health Services may take administrative action on behalf of San Jacinto County First Responder, Inc.

Print Name: _____

Signature: _____

Date: _____

* To be filled out by a SJC First Responder Officer*

Signature: _____

Title: _____

Date: _____