

**LAKE NACOGODOCHES AREA
VOLUNTEER FIRE DEPARTMENT
MEMBERSHIP APPLICATION**

Date _____ Name _____ Date of Birth _____

Sex _____ Height _____ Weight _____ Blood Type _____ SSN _____

Texas Drivers License # _____ Type _____

Address _____ City/State/Zip _____

Email _____ Home Phone _____ Work # _____

Do you have any pervious fire fighting experience? Yes ___ No ___

Is so, what is the total number of years? _____

Name of previous Fire Departments _____

Fire Fighting Certification: Basic Intermediate Advanced

Certification Held Through: SFFMA TCFP

Fire Department Contact _____

Certifications: CPR ECA EMT-B EMT-I EMT-P

Expires: _____ Place of Employment _____

Place of Employment Phone Number _____

Work Schedule _____

Reference: Name _____ Phone# _____

Reference: Name _____ Phone# _____

Spouse Name _____ Phone# _____

Spouse's Place of Employment _____ Phone# _____

Family Physician _____ Phone# _____

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Notify in case of emergency (list persons other than spouse)

Name _____ Phone# _____

Name _____ Phone# _____

Check which position that you are applying for:

- 1. An Active Firefighter ____
- 2. Support Personnel ____
- 3. EMS First Responder ____

Why do you want to be a member of this department?

- 1. Are you allergic to any type of medications? If so please list _____
- 2. Do you have any physical limitations that would prevent you from performing any duties or activities for which you are being considered? Yes ____ No ____
- 3. Do you have any violations on your driving record? Yes ____ No ____
- 4. Have you ever been convicted of a crime, excluding Class C misdemeanors in the past ten years, which have not been expunged or sealed by a court? Yes ____ No ____
- 5. Have you had any accidents in the past three years? Yes ____ No ____
- 6. Have you used or using any medication that would indicate a positive result in a drug test? Yes ____ No ____
If yes explain _____

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I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if selected, any falsified statements shall be grounds for dismissal.

I authorize this department and its representatives to investigate any and all statements herein through personal interviews of any person and through any law enforcement agency, and agree to release all parties from any and all liability for any damage that may arise from furnishing it to you.

I also understand that I am subject to medical and drug testing at any time while a member of this department.

Print Name _____

Signed _____ Date _____

DO NOT WRITE BELOW THIS LINE

Date Application Given to Department Review Board: _____

Meeting Date: _____ Move to Oral Review: Yes No

If no, give reason: _____

Membership Accepted: Yes No Date Joined Department: _____

Fire Chief _____ Date _____

Assistant Fire Chief _____ Date _____