

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

Date ___ / ___ / ___ Name _____ Date of Birth ___ / ___ / ___

Sex ___ Height ___ Weight ___ Blood Type ___ Social Security # _____

Texas Drivers License # _____ Type _____

Address _____

City _____ Zip Code _____

E-mail _____

Home Phone # _____ Work # _____

Cell Phone # _____

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

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

Name of previous Fire Department _____

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 # _____

Work Schedule _____

Reference – Name _____ Phone # _____

Spouse's Name _____

Spouse's Place of Employment _____ Phone # _____

Family Physician _____ Phone # _____

Notify in case of an 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 medication? If so please list.

2. Have you used or using any medication that would indicate a positive result in a drug test? Yes ____ No ____ If yes explain _____

3. Do you have any violations on your driving record? Yes ____ No ____

4. Have you had any accidents in the past three years? Yes ____ No ____

5. Do you have any physical limitations that would prevent you from performing any duties or activities for which you are being considered? Yes ____ No ____

6. Have you ever been convicted of a crime, excluding class C misdemeanors? in the past ten years, which have not expunged or sealed by a court? Yes ____ No ____

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 it's 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

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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 Chief: _____ Date _____