



VIEW Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

Name _____

Date ___/___/___

Address _____

Phone (Days) _____

(Night) _____

(Mobil) _____

(Pager) _____

TX DL# _____

DATE OF BIRTH _____ Social Security # _____

Do you have any firefighting, rescue, or medical experience? Y / N (NOT a requirement, We have training) If yes explain what type experience and what department or Group.. _____

Are you willing to come to training sessions and or work days when offered? Y / N

Are you certified in any of the following? (circle any held) Firefighter EMT-P EMT ECA CPR

Do you hold any instructor certificates? Y / N

Are you available to respond during the daytime? Y / N

Are you available to respond to the station within a 15 minute driving time while obeying all traffic laws? Y / N

Are you available on most nights and weekends to respond? Y / N

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Have you had any moving violation traffic tickets in the last 3 yrs? Y / N If so, explain _____

Have you ever been convicted of a felony offense? Y / N

Are you now or have you ever been a member of another VFD? _____ If yes, what dept? _____

Have you ever been removed or asked to resign from another volunteer department? Y / N

If Yes, what department? _____ Reason _____

Do you have any medical problems or health problems or physical handicap that would prevent you from extremely stressful and vigorous firefighting activities? (ie High Blood Pressure, Heart Problem, previous heart problems, etc) Y / N ____ If yes, you still could be used for support such as dispatch, fire prevention, and other non fire/rescue operations.

In the event of an accident, injury or death during a VVFD official activity, do you agree that you will not hold the View Volunteer Fire Department or any officer or member thereof either liable or financially responsible?

Do you also agree that you would not bring a lawsuit against the same parties in such an event?

_____ Please write in yes or no.

Do you realize that upon signing this application and you are accepted as a member you are releasing the VVFD and any officer or member of any further liability to you or your family, in the event of an accident, injury or death as the result of any VVFD official activity? _____ Write in yes or no.

Do you understand that any false information on this application or any willful misconduct or disregard for our written constitution and by-laws, or the Standard Operation Procedures could lead to your being removed from the department? Y/N

IF ACCEPTED FOR MEMBERSHIP, YOU WILL BE ON A PROBATION PERIOD FOR 6 MONTHS?

Signed by _____