

River's End Volunteer Fire Department

Application for Membership

I _____

Last

First

Middle

Hereby petition the Officers and Members of River's End Volunteer Fire Department for membership in said Department. In consideration of such admission I promise and agree That if elected will conform to the Constitution and By-laws of the Department as well as the Rules and Regulations set forth by Brazoria County Emergency Management District #1 and The Brazoria County Firefighter's Association.

Date of Birth _____ Occupation _____

Married Yes No Spouse's Name: _____ Number of Children _____

Age: _____ Residence Address _____

Street or Apartment number

City or Town

Zip Code

Telephone Number

Mailing Address _____

Street, P.O. Box, or Apt Number

City or Town

Zip Code

Business or Work Address _____

Street, P.O. Box,

City or Town

Zip Code

Texas D. L. Number: _____ Class: _____ SSN: _____ - _____ - _____

Date of Birth: _____

Medical History

Family Doctor: _____ Phone Number: _____

Disability (if any): _____ Blood Type: _____

Have you ever been treated for any of the following? If Yes Please explain.

Chronic Respiratory Problems? No Yes _____

Heart Condidtion? No Yes _____

Back Problems? No Yes _____

Allergies? No Yes _____

Are you taking any medication on a regular basis? If so, please list _____

Have you ever been convicted of a felony or misdemeanor? Yes No

Have you ever been convicted of driving while intoxicated? Yes No

Has your license ever been revoked or suspended in any state? Yes No

Have you ever served in the United States Armed Forces? Yes No

Branch: _____ Dates: From: _____ To: _____

Are you will to: Hold Office? Yes No Work on a Committee? Yes No

Have you any prior experience in Fire or any other Emergency Services: Yes No

If so, where? _____ How long? _____

What were your responsibilities? _____

Have you any special skills or talents that we may call upon you to use for the Department?

Please list: _____

Applicant's Signature: _____ Date: _____

Department Use Only

Application submitted by: _____ Date voted on: _____

Date accepted and approved: _____

GEAR ISSUED	DATE	NEW OR USED	SIZE	SERIAL NUMBER
BOOTS	_____	_____	_____	_____
BUNKER COAT	_____	_____	_____	_____
BUNKER PANTS	_____	_____	_____	_____
SUSPENDERS	_____	_____	_____	_____
HELMET	_____	_____	_____	_____
NOMEX HOOD	_____	_____	_____	_____
GLOVES	_____	_____	_____	_____
RADIO	_____	_____	_____	_____
MISCELLANEOUS	_____	_____	_____	_____

ALL EQUIPMENT MUST BE REGISTERED AND APPROVED BY THE FIRE CHIEF AND MUST BE INSPECTED ANNUALLY FOR DAMAGE. ALL DAMAGED FIRE EQUIPMENT MUST BE REPORTED IMMEDIATELY TO THE FIRE CHIEF OR ASSISTANT FIRE CHIEFS SO REPAIRS OR REPLACEMENTS CAN BE MADE.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL FIREFIGHTING EQUIPMENT ISSUED TO ME. IT SHOULD BE KEPT IN GOOD REPAIR AND WILL REMAIN THE PROPERTY OF RIVER'S END VOLUNTEER FIRE DEPARTMENT AND MUST BE TURNED IN UPON DEMAND OF THE FIRE CHIEF.

Member's Signature

Fire Chief

Revised 3/13/15