

West Harrison Volunteer Fire Department
P.O.Box 12188
Longview, TX 75607

West Harrison Volunteer Fire Department Application for Membership

Please fill out all fields as accurately as possible.

Full Name: _____

Street: _____

City, State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Social Security: _____

Driver's Lic. # _____

Date Of Birth _____

Employer: _____

Employer Phone: _____

(Please leave fields blank.)

Unit # _____

Probation End Date _____

West Harrison Volunteer Fire Department
P.O. Box 12188
Longview, Tx 75607

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Color: _____

License Plate: _____

V.I.N.: _____

Emergency Contact: _____

Emergency Contact # _____

Other Department(s): _____

Positions Held: _____

Address: _____

I understand that when I apply for membership that I will be on a 90 day probation period. During this time, I will attend training meetings, fires, business meetings and any other department activities. During this time, I will not be eligible to vote. After 90 days probation, I understand that I will then be placed on probation and will be issued equipment from the department. My performance will be evaluated by the members of the department and after a minimum of 90 days, my status will be voted on by the active voting members of the department.

I authorize the West Harrison Volunteer Fire Department to make any background checks deemed necessary. I further attest that all information and statements on this application are true and correct.

Signature: _____

Date of Application: _____

(please leave blank)

Unit # _____

Probation End Date _____