

Jacksboro Volunteer Fire Department Membership Application

To the Officers and Members of the Jacksboro Volunteer Fire Department:

I _____ hereby make application to your honorable body for membership. I understand my application will be investigated by a screening committee of said Department members and voted on by the Department. If I am elected as a member, I agree to abide by the Constitution and By-Laws of the Jacksboro Volunteer Fire Department and should I find that I am unable to do so, I will submit my resignation or accept a suggestion from the said Department to take a leave of absence or have my name put in reserve for future use.

Full Name: _____

Are you 18 years of age or older? Yes No Cell Phone: _____

Home Address: _____

Employer: _____ Position: _____ Work Phone: _____

Work Address: _____

Drivers License # _____ Class: _____ Restrictions: _____ Endorsments: _____

Have you ever been a member of this or any other fire department? _____

If so, give names of departments, years and positions held, _____

Have you ever been employed with an EMS or Law Enforcement Agency? _____

If so, give names of departments, years and positions held, _____

Previous Training: Fire: _____ EMS: _____ Law Enforcement: _____

Are you insurable? _____

Marital Status: _____ Spouses Name: _____ Children? _____

Do you own property within the city of Jacksboro? _____

Give the names, addressess and phone numbers of three-character references.

1 _____

2 _____

3 _____

The above information is true and correct to the best of my knowledge.

Signed, _____

JVFD Applicant

Fire Dept Use only Date Received _____

Date Screened _____

Resolution: Accepted Not Accepted

_____ Sponsor