

Jacksboro Volunteer Fire Department
Firefighter
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, I agree to abide by the Constitution and by-laws of the Jacksboro Volunteer Fire Department and should I find I am unable to do so. I will submit my resignation or accept a suggestion from said Department to take a leave of absence or have my name placed in reserve for future use.
I am applying for circle one or both: Fire Services - First Responder

Full Name (First, Middle, Last): _____
Age: ____ Date of Birth: _____

Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Business Address: _____ Position: _____

Drivers Lic. No. _____ Type: _____ S.S. No.: _____

Have you been a member of this or any other Fire Department? Yes: ____ No: ____

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

Previous Training: Fire: ____ First Aid: ____ EMS: ____ Police: ____ Other: ____

Do you have any physical limitations? Yes: _ No: _ Are you insurable? Yes: _ No: _

Marital status: _____ Spouses Name: _____ Children: Yes: __ No: __

Do you own property in the City of Jacksboro? Yes: ____ No: ____

Give the names, addresses, and phone no.'s of three (3) character references.

1. _____

2. _____

3. _____

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

Signed: _____ Date: _____

Department use only:

Date Received: _____ Date Submitted: _____

Outcome: Accepted Rejected Date: _____ Sponsor: _____