



Huffman Volunteer Fire Department
 24141 F.M. 2100 (P.O. Box 77)
 Huffman, TX 77336

APPLICATION FOR MEMBERSHIP

<i>INTERNAL USE ONLY</i>			
Date of Application: _____	Board Meeting Date: _____	Accepted? <input type="checkbox"/>	Y <input type="checkbox"/> or N <input type="checkbox"/>
Business Meeting Date: _____	Accepted? <input type="checkbox"/>	Y <input type="checkbox"/> or N <input type="checkbox"/>	
Probation Term: _____	Vote in Date: _____	Accepted? <input type="checkbox"/>	Y <input type="checkbox"/> or N <input type="checkbox"/>
	# For _____	# Against _____	

MEMBERSHIP					
(Circle One) Volunteer Firefighter		Auxiliary		Full Time Firefighter	
				Part Time Firefighter	
				EMT	
PERSONAL					
Last		First		Middle	
Street Address			City		State
Previous Address (if less that 3 yrs. at current address)					Zip
Telephone					
(Cell)		(Day)		(Evening)	
Social Security Number		Date of Birth	Age	Sex	U.S. Citizen
					Y <input type="checkbox"/> or N <input type="checkbox"/>
Marital Status		Spouse's Name:			
E-Mail Address					
Valid Driver's License		License Number	State	Expiration	Class
Y <input type="checkbox"/> N <input type="checkbox"/>					A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Restrictions			Endorsements		
PERSONAL VEHICLE INFORMATION					
License Plate #		Year	Make / Model		Color
License Plate #		Year	Make / Model		Color
I certify that I have liability insurance on my privately owned vehicle and agree to maintain liability coverage.					
					_____ (Please Initial)
CURRENT EMPLOYMENT					
Occupation					
Name and Address of Current Employer					
Does your job require frequent travel out of the area? Y <input type="checkbox"/> or N <input type="checkbox"/>					
If you work in the Huffman area will you be able to respond during work? Y <input type="checkbox"/> or N <input type="checkbox"/>					
Will your work shift hinder you from attending evening trainings sessions? Y <input type="checkbox"/> or N <input type="checkbox"/>					

EDUCATION			
Name and Address	Graduated	Number of Years Attended	Degree
High School	Yes <input type="checkbox"/> No <input type="checkbox"/>		
College	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business/Trade	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other: (Equivalency, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
MILITARY SERVICE			
Have you ever served in the Armed Forces of the United States or the National Guard? No <input type="checkbox"/> Yes <input type="checkbox"/> Highest Rank?			
Branch	Dates of Service From _____ To _____	Type of Discharge	Date of Discharge
Service Job Description			
EMERGENCY CONTACT			
Name		Relationship	
Telephone (Cell) _____ (Day) _____ (Evening) _____			
FIRE SERVICE			
Have you ever been a member of the Huffman Volunteer Fire Department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, dates of service.			
Are you presently a member of a fire department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list name and address.			
Are you interested in fire department work and will you give at least one night per week for its maintenance and progress? Yes <input type="checkbox"/> No <input type="checkbox"/>			
The objective of this fire department comprises various duties with many purposes. Will you cooperate and give your time and skills to the advancement of these objectives as much as is practically required? Yes <input type="checkbox"/> No <input type="checkbox"/>			
The business of the department is relative only to the department. Do you agree to keep this information confidential and to acknowledge is a suspend able offense to divulge such information outside of the department? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you agree to obey the orders of duly elected department officers promptly and to the best of your ability, both in emergency and non-emergency situations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will you, at all times, help keep the department equipment and property in the best possible condition? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will you report as quickly and safely as possible when called upon unless unable to do so for some valid reason? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Will you be willing to make at least 25% of all dispatched calls? Yes No

Would you agree to an investigation done by this department on your background? Yes No

Do you hold any of the following certifications? If yes, give date first certified, level of certification and date(s) of expiration

	Date of first certification	Level of Certification	Expiration date
CPR			
Medical			
Firefighter I or II			
Extrication Tech I or II			
Hazmat			
Instructor			
Safety			

Other(s) please specify:

Why would you like to be apart of the Huffman Volunteer Fire Department?

CRIMINAL HISTORY

Have you ever been convicted of a crime punishable by confinement in jail or prison? Yes No

Offense Charged	Police Agency	Date	Case Disposition

Describe in your own words the frequency and extent of your use of intoxicating liquors.

Has your driver's license ever been suspended or revoked? If yes, please explain.

Please list all traffic charges / citations received in the past five (5) years.

REFERENCES

List three (3) persons who know you well enough to provide current information about you.
Do not list relatives or former employers.

Name	Relationship
Phone	
Address	
Full Name	Relationship
Phone	
Address	
Full Name	Relationship
Phone	
Address	

Signature of Applicant

Date