



Application for New Membership
Adell – Whitt Fire Rescue



Date: _____

Name:

Last	First	Middle
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Address: _____

Street	City/State	Zip
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Date of Birth: _____ Age: _____ SSN: _____

E-mail: _____

Do you possess a valid Texas Vehicle Operator's License? (Y/N) _____

Drivers License #: _____ Exp. Date: _____

Cell #: _____ Cell Service Provider: _____

Cell OS (Android or iPhone): _____

Employer: _____ Work Days: _____ Work Hours: _____

Work #: _____

Number of **AT FAULT ACCIDENTS** in past three (3) years: _____

Number of **MOVING TRAFFIC CITATIONS** in past three (3) years: _____

Have you been **CONVICTED OF A FELONY OR MISDEMEANOR** within the past five (5) years?
(Y/N) _____

If yes, please explain on the reverse side of this page.

Do you have any physical disabilities and/or limitations due to medical conditions which would prevent you from performing all the duties required of a firefighter? (Y/N) _____

If yes, please explain on the reverse side of this page.

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Please list special skills, education, training, and firefighting related memberships.
(Provide Documentation)

Special Skills: _____

Education, Special Training: _____

Organizations, Memberships (fire related only please): _____

References:

Name	Address	Telephone	Yrs. Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

In case of Emergency notify (must list all three):

Name	Telephone	Day/Night
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify the provided information in this application are true and correct to the best of my knowledge. I understand that falsified statements on this application will be grounds for immediate dismissal. I hereby promise to obey all the rules and regulations of this department and to become an active member withing my capabilities for all departments activities.

By signing, I allow a complete criminal history check to be completed and understand that I will not be considered for membership until criminal/civil background checks have been completed.

Applicant's Signature

Date

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Requirements to be an Adell-Whitt firefighter

1. You must be willing to complete a probationary training process within the Three (3) month probationary period.
2. While completing the above probationary training process, you will be given gear that is to be left at your assigned station.
3. At no time will you be able to operate any fire department trucks while on probation, unless under the direct order of a fire department officer in charge.
4. You must attend not less than 50% of fire meetings, training classes, and work parties.
5. You must be willing to help work on equipment, trucks, fire stations, etc.
6. A letter of good standing cannot be given until you have completed the require probationary period or have been a junior firefighter for a period of one year.

Applicant's Signature

Date

AWVFD Officer

Date

Junior Firefighter

Junior firefighter has proof of age (Y/N) _____

Junior firefighter acknowledges he/she is required to show evidence of academic performance (report card): (Y/N) _____

Signature of legal parent/guardian of junior firefighter:

Legal Parent/Guardian's Signature

Date

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Acknowledgement of Equipment Responsibility

I, _____, hereby acknowledge that any equipment received from Adell-Whitt Fire Rescue are property of Adell-Whitt Fire Rescue. I understand that I am responsible for maintenance of these items. I agree to report any items that become damaged or lost. I agree to replace, at my expense, any item damaged due to my negligence. If I am no longer an active member of this fire department, I shall return all items within 5 calendar days of notification of the fire department. I understand that I may be the subject to criminal charges if these items are not returned in reasonable condition given typical wear/use.

Applicant's Signature

Date

AWVFD Officer

Date

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DEPARTMENT USE ONLY:

Date of Interview: _____

Membership Committee Members present at interview: _____

Date application accepted for consideration: _____

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Date background check completed: _____

Date applicant formally Accepted/Rejected: _____

Rationale, if Rejected: _____

Authorized Signature: _____