

SOUTHEAST VOLUNTEER FIRE DEPT., INC.

9830 Hughes Road, Post Office Box 34070, Houston, Texas 77234-4070
Phone 281-485-7576 www.southeastvfd.com Fax 281-485-5057



APPLICATION FOR MEMBERSHIP

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

Herewith is my application for ___ Regular / ___ Auxillary membership to the Southeast VFD.

With application, I agree to the following terms:

1. I must be at least 18 years of age.
2. I must reside within the predetermined response area of the SVFD, or stay at the station during my shift.
3. I must comply with the rules and by-laws of the Department.
4. I agree to attend all drills (normally Thursday at 7-9 PM) unless excused. I will notify an SVFD officer if I am unable to attend.
5. I agree to provide the Department with a certified copy of my Driving Record. (Texas DPS Record 3A \$12.00)
6. I understand my application is pending until thoroughly investigated and background check in completed.
7. I understand I am covered under SVFD insurance until accepted as a member.
8. I understand I may attend all drills and meetings but will not be allowed to respond to incidents or ride pumpers until accepted as a member and cleared by the Chief Officers.
9. I will turn in a copy of my drivers license, social security card and a certified copy of my driving record.

NAME: _____ D.O.B.: _____ AGE: _____

HOME #: _____ CELL #: _____ EMAIL: _____

ADDRESS: _____ HOW LONG? _____ YRS

PREVIOUS ADDRESS: _____ HOW LONG? _____ YRS

EMPLOYER: _____ HOW LONG? _____ YRS

ADDRESS: _____ PHONE NO.: _____

PLACE OF BIRTH: _____ SSN: _____

TEXAS DRIVERS LICENSE #: _____ CLASS: (CIRCLE) A B C

HAVE YOU HAD ANY TICKETS? _____ IF YES, WHEN AND FOR WHAT VIOLATION(S):

HAVE YOU EVER BEEN ARRESTED? _____ IF YES, WHEN AND FOR WHAT REASON(S):

HAVE YOU EVER SERVED IN THE ARMED FORCES? _____ WHAT BRANCH? _____

RANK ATTAINED: _____ TYPE OF DISCHARGE: _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR DISABILITIES? _____ IF YES,
DESCRIBE THEM FULLY: _____

HAVE YOU EVER BELONGED TO A FIRE OR EMS ORGANIZATION BEFORE? _____
IF YES, WHERE AND WHEN: _____
REASON FOR LEAVING: _____

PLEASE ATTACH COPIES OF CERTIFICATES FOR FIRE AND EMS.

IN CASE OF EMERGENCY, PLEASE PROVIDE THE FOLLOWING INFORMATION;

PRIMARY CONTACT: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

LIST THREE CHARACTER REFERENCES YOU HAVE KNOWN FOR AT LEAST THREE YEARS:

NAME: _____ HOME PHONE: _____

MAILING ADDRESS: _____

NAME: _____ HOME PHONE: _____

MAILING ADDRESS: _____

NAME: _____ HOME PHONE: _____

MAILING ADDRESS: _____

THREE LETTERS OF REFERENCE ARE REQUIRED TO COMPLETE THIS APPLICATION.

I certify that the facts contained in this application are true and correct to the best of my knowledge and that if accepted, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above have my permission to release any information they may have, personal or otherwise, and I release all parties from liability for any damage that may result from furnishing same to you. I understand and agree that if accepted, my membership is for no definite period of time and may, regardless of the date of my acceptance, be terminated at any time without any prior notice. I also agree, upon signing this application, to allow a Southeast Volunteer Fire Department representative to investigate my driving and criminal record if any exists.

SIGNATURE: _____ DATE: _____

SOUTHEAST VFD USE ONLY:

APPLICATION / REFERENCES RECEIVED BY: _____ DATE: _____

DRIVING / CRIMINAL RECORDS CHECKED BY: _____ DATE: _____

MEMBERSHIP COMMITTEE RECOMMENDATION: (CIRCLE) YES NO IF NO, EXPLAIN BELOW;

DATE OF SVFD VOTE: _____ ACCEPTED: (CIRCLE) YES NO IF NO, EXPLAIN BELOW;

