LINGLEVILLE VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

(Please Print)

SS#:	NAME:		DC	DB:	
MARITAL STATUS: SINGLE / MARRIED NAME OF SPOUSE: MERREST RELATIVE NOT LIVING WITH YOU: RELATIONSHIP: PHONE: ADDRESS: MORESS: MORESCHEDULE: MOES YOUR EMPLOYER AGREE WITH YOU BENG A MEMBER OF LVFD? MOES YOUR EMPLOYER AGREE WITH YOU BENG A MEMBER OF LVFD? MOES YOUR EMPLOYER AGREE WITH YOU BENG A MEMBER OF LVFD? MOES YOUR EMPLOYER AGREE WITH YOU BENG A MEMBER OF LVFD? MOES YOUR EMPLOYER AGREE WITH YOU BENG A MEMBER OF LVFD? MOES YOU EVER BEEN CONVICTED OF A FELONY? YES / NO PLEASE LIST ALL ARRESTS, TICKETS AND ACCIDENTS WITHIN THE LAST 3 YEARS: MOES YOUR HAVE ANY SPECIAL FIRE SERVICE SKILLS OR TRAINING? YES / NO WHAT IS YOUR GENERAL HEALTH STATUS? MOYOU FEEL THAT YOU ARE PHYSICALLY FIT FOR THE FIRE SERVICE? YES / NO I certify that the information on this application is true and correct, to the best of my knowledge. I understand that it is my responsibility to update these records should any changes be made during my service with this department. SIGNED: DATE: In consideration of membership in the Lingleville Volunteer Fire Department, I hereby release, indemnify, and covenant not to sue the Lingleville Fire Department. The County of Eirath, The State of Texas, their officers or agents from any and all liability, claims, costs, and causes of action arising out of or related by me while participating in such activity, or while on premises owned or leased by the Lingleville Volunteer Fire Department, Including but not limited to burns, heat stroke, heart exhaustion, fall and other related injuries, and I choose to voluntarily participate, with fulls knowledge that said activity may be hazardous to me or my property.	SS #:	PHONE:	CEL	L:	
PHYSICAL ADDRESS: MARITAL STATUS: SINGLE / MARRIED NAME OF SPOUSE: NEAREST RELATIVE NOT LIVING WITH YOU: RELATIONSHIP: PHONE: ADDRESS: EMPLOYER: POSITION: WORK SCHEDULE: DOES YOUR EMPLOYER AGREE WITH YOU BENG A MEMBER OF LVFD? DL#: STATE: CLASS: HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO ARE THERE ANY CURRENT WARRANTS AGAINST YOU? YES / NO PLEASE LIST ALL ARRESTS, TICKETS AND ACCIDENTS WITHIN THE LAST 3 YEARS: DO YOU HAVE ANY SPECIAL FIRE SERVICE SKILLS OR TRAINING? YES / NO WHAT IS YOUR GENERAL HEALTH STATUS? DO YOU FEEL THAT YOU ARE PHYSICALLY FIT FOR THE FIRE SERVICE? YES / NO I certify that the information on this application is true and correct, to the best of my knowledge. I understand that it is my responsibility to update these records should any changes be made during my service with this department. SIGNED: DATE: In consideration of membership in the Lingleville Volunteer Fire Department, I hereby release, indemnify, and covenant not to sue the Lingleville Fire Department, The County of Erath, The State of Texas, their officers or agents from any and all liability, claims, costs, and causes of action arising out of or related sustained by me while participating in such activity, or while on premises owned or leased by the Lingleville Volunteer Fire Department. 1 acknowledge there may be physically strenuous activities. I know of no physical or mental condition which would preclude my full participation. I am fully aware of the risks and hazards involved with The Lingleville Volunteer Fire Department, including but not limited to burns, heat stroke, heart exhaustion, fall and other related injuries, and I choose to voluntarily participate, with fulls howledge that said activity may be hazards involved with The Lingleville Volunteer Fire Department, including but not limited to burns, heat stroke, heart exhaustion, fall and other related injuries, and I choose to voluntarily participate, with	EMAIL:				
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