

**LINGLEVILLE VOLUNTEER FIRE DEPARTMENT**

**APPLICATION FOR MEMBERSHIP**

(Please Print)

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SS #:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**MARITAL STATUS:** SINGLE / MARRIED **NAME OF SPOUSE:** \_\_\_\_\_

**NEAREST RELATIVE NOT LIVING WITH YOU:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**EMPLOYER:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**WORK SCHEDULE:** \_\_\_\_\_

**DOES YOUR EMPLOYER AGREE WITH YOU BEING A MEMBER OF LVFD?** \_\_\_\_\_

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**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**

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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.

I 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 attack, heart exhaustion, fall and other related injuries, and I choose to voluntarily participate, with full knowledge that said activity may be hazardous to me or my property.

I understand that The Lingleville Volunteer Fire Department does not maintain any insurance policy covering any circumstances arising from my participation. As such, I am aware that I should review my personal insurance coverage.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR DEPARTMENT USE ONLY: ACTIVE MEMBER / SUPPORT MEMBER**