



Coupland Volunteer Fire Department Membership Application Form

How to Apply:

Fill out this application in its entirety and return to the Fire Department during one of the regular meetings. Fill out the application where applicable, if not applicable please use "N/A". If you have any certifications please attach a copy to the application. Upon completion you will be placed on probationary status in the department for a period of three months. Upon successful completion of the probationary period members of the Fire Department will then vote you into the department.

Requirements

- You must live within 8 miles of the Coupland Fire District
- You must be at least 18 years of age
- Must act in a professional manner at all times
- You are requested to attend 2 meetings a month (1st and 3rd Tuesdays)
- Be able to attend training and department functions outside of the regular meeting dates (such as medical training, driver training, department fundraisers)
- Abide by the by-laws, regulations and policies set by the department
- Be in good physical health and able to lift and carry objects up to 100 lbs
- Be willing to obtain a CPR/AED card
- Possess a valid driver's license, with no major violations on your driving record
- Be willing to get up in the middle of the night to help ANYONE if needed

General Information

Name: _____ Date of birth: ____/____/____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Social Security: _____ Sex: Male Female

Driver's License: State: _____ Number: _____ Class: _____

Employer: _____ Business Phone: _____

Employer Address: _____ City/State/Zip: _____

Primary Vehicle Information

Year: _____ Make: _____ Model: _____ Color: _____

License Plate Number: _____ Is the vehicle insured? Yes No

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Emergency Contact Information

Name 1: _____ Home Phone: _____

Address: _____ City/State/Zip: _____

Relation: _____ Alt Phone: _____

Name 2: _____ Home Phone: _____

Address: _____ City/State/Zip: _____

Relation: _____ Alt Phone: _____

Medical Information

List any allergies you have:

List any medical problems:

List any medications you take on a regular basis and reason:

Certifications

State Firefighter Certifications

None: _____ Firefighter I: _____ Firefighter II: _____ Master Firefighter: _____
(Certification is not a requirement for admission into the department)

Texas Department of Health Certification

Paramedic: _____ EMT-I: _____ EMT-B: _____ ECA: _____ CPR/AED: _____ None: _____
(Certification is not a requirement for admission into the department)

Please list any certifications that you feel will contribute to the Fire Department:

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Have you ever applied with this Department before: Yes No

If "yes", state reason for leaving: _____

Have you ever been in a Volunteer Fire Department before: Yes No

If yes, please give Department name, address, phone number, Fire Chief's name, rank/position held, number of years in department and reason for leaving:

Criminal History

Have you ever been convicted of a Felony? Yes No

If "yes" please explain: _____

Have you ever been convicted of a Misdemeanor? Yes No

If "yes" please explain: _____

Have you received any traffic citations within the past ten years? No Yes – How many _____

If "yes" please list where, the offence and status:

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Please explain what you expect from the Coupland Volunteer Fire Department and what we can expect from you:

Attest

I attest that the information I am submitting herein is true and correct to the best of my knowledge and that I will abide by the by-laws, regulations and policies set by the Coupland Volunteer Fire Department. Foremost I will be willing to assist the citizens of the Coupland Volunteer Fire Department District at any time I am needed.

Signature of New Member

Date: ____/____/____

Signature of Member Nominating

Date: ____/____/____

Signature of Chief

Date: ____/____/____

Signature of Assistant Chief

Date: ____/____/____

Department use only

First meeting attended: ____/____/____

Meetings attended during probationary period:

____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____

Date membership voted on (at end of probationary period): ____/____/____

Result of vote: [] Vote in favor of membership [] Vote against membership

Notes: _____