



ROLLING OAKS VOLUNTEER FIRE DEPARTMENT
PO BOX 614
WILLS POINT, TX 75169

MEMBERSHIP APPLICATION

PLEASE PRINT - ALL INFORMATION WILL BE VERIFIED

Name: _____ DOB: ____/____/____
(Last) (First) (MI)

Maiden Name(If Applicable): _____ Age: _____ Sex: _____

Previous Married Surnames: _____

Aliases: _____

Permanent Address: _____
(Number) (Street)

(City) (State) (Zip)

Home Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

Social Security Number X - X - _____ Cell Service Provider _____

Work: (_____) _____ - _____ Email: _____

Marital Status: Married Single Divorced Number of Children: _____

Drivers License: _____ State: _____ Class: A B C

Emergency Contact Name: _____
(Street) (City) (State) (Zip)

Phone: (_____) _____ - _____ Relationship: _____

Address: _____

Employment:

Present Employer: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (_____) _____ - _____ Position: _____

Personal References:

Name	Address	Phone
_____	_____	(_____) _____ - _____
_____	_____	(_____) _____ - _____
_____	_____	(_____) _____ - _____

Education:

High School: _____ Graduated: _____ GED: _____
(Year) (Year)

College: _____ 4 3 2 1
(Circle One)

Degree: _____ Year: _____ Certificate: _____ Year: _____

Foreign Language: _____ Speak Read Write

Fire Training:

School	Course	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certifications: _____

Medical Training: _____

Criminal:

Have you **ever** been convicted of a Felony or Misdemeanor? Yes No

If yes, list and explain: _____

Any pending charges, court proceedings, including traffic violations, DUI/DWI, drug abuse or other legal problems? Yes No

If yes, list and explain: _____

List accidents with dates involving vehicles: _____

*I give Rolling Oaks VFD permission to run a background check:

Signature: _____ Date: _____

Medical History:

Do you have any of the following:

	Yes	No
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>

List any physical handicaps, serious illness, or injuries you have had: _____

Do you have any impairments: Hearing Eyesight Other _____

Are you currently taking any prescribed medication? Yes No

If yes, please list: _____

List any over the counter medications taken regularly: _____

Departmental Questionnaire:

	Yes	No
Can you follow directions?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to follow the direction of your officers?	<input type="checkbox"/>	<input type="checkbox"/>
Will you attend training sessions?	<input type="checkbox"/>	<input type="checkbox"/>
Help with fundraising events?	<input type="checkbox"/>	<input type="checkbox"/>
Help at the station cleaning, washing, miscellaneous chores & equipment maintenance?	<input type="checkbox"/>	<input type="checkbox"/>

If accepted to the Rolling Oaks Volunteer Fire Department, what goals do you hope to accomplish?

What inspired you to apply to our department?

Applicants, fighting fires is a dangerous business. Accordingly, the rules and training in place are to protect you as well as others' lives and property that you may be called upon to save. We work only as a team taking orders from our officers, and any grandstanding show off or solo acts will not be tolerated. Issues, questions, policy abuse or problems that arise on an emergency scene will be handled after the call has been cleared and upon return to the firehouse.

I, _____ do hereby certify that all statements in the application are true to the best of my knowledge, and understand that any falsification in the application voids any connection between myself and the Rolling Oaks Volunteer Fire Department.

Signature of Applicant: _____ Date: _____

For Rolling Oaks VFD Use Only

Date received: _____	Received by: _____
Date presented to membership for approval: _____	
Accepted: _____	Rejected: _____
Chief: _____	Date: _____
Assistant Chief: _____	Date: _____
Secretary: _____	Date: _____
Date applicant became a member: ____ / ____ / ____	