

# Coffee City Volunteer Fire Department

## APPLICATION FOR MEMBERSHIP

You must be eighteen years of age to apply for membership, and complete the attached form furnishing all requested information as it applies to you. If you fail to answer all questions fully and accurately, you may delay consideration of your application. The medical section is a basic physical exam given by a doctor (Optional). In addition to this application, a criminal history report from the Department of Public Safety is required.

**You are required to present the completed application in person at one of the Coffee City Volunteer Fire Department's regular meetings at 7:00 pm. The meetings are held on every 1<sup>st</sup> and 3<sup>rd</sup> Tuesday night at the Fire Station.**

After presenting your application, a meeting will be arranged between you and the Membership Committee. The information in your application will be verified. A vote will be taken at the next monthly meeting of the Department, considering the acceptance, or rejection, of your membership in the Coffee City Volunteer Fire Department. You will be notified as to the outcome that night, if available, or as soon as you can be contacted.

**YOU ARE REQUIRED TO PARTICIPATE IN THE STATE FIREMEN & FIRE MARSHALS ASSOCIATION OF TEXAS CERTIFICATION PROGRAM (FIREFIGHTING CLASSES) AND/OR THE TEXAS DEPARTMENT OF HEALTH CERTIFICATION PROGRAM FOR ECA'S, EMT'S, OR PARAMEDIC'S.**

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### APPLICATION OF

NAME: \_\_\_\_\_

Proposed \_\_\_\_\_ , \_\_\_\_\_

Selected:

Reserve Member \_\_\_\_\_ , \_\_\_\_\_

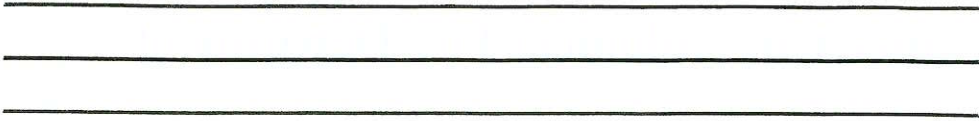
Probationary Member \_\_\_\_\_ , \_\_\_\_\_

Active Member \_\_\_\_\_ , \_\_\_\_\_

Committee of Investigation

The undersigned committee of investigation having conscientiously investigated this application report favorable.

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## THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

PH.D. THESIS  
SUBMITTED TO THE FACULTY OF THE DIVISION OF THE PHYSICAL SCIENCES  
IN CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

BY  
[Name]

CHICAGO, ILLINOIS  
[Date]

ADVISOR: [Name]

# Coffee City Volunteer Fire Department

## APPLICATION FOR MEMBERSHIP

<b>1</b>	<b>Name:</b>	First	Last	Middle	<b>3</b>	<b>Social Security Number</b>				
					____ - ____ - _____					
<b>2</b>	<b>Address:</b>	Number	Street	Apartment #	<b>4</b>	<b>Phone Numbers:</b>				
					Home (____) _____ - _____					
					Work (____) _____ - _____					
City					State	Zip	<b>5</b>	<b>Date of Birth</b>		
					/ /					
<b>6</b>	Did you graduate from high school?			<b>7</b>	If not, do you have a high school equivalency diploma? (i.e. GED)					
• Yes • No				• Yes • No						
<b>8</b>	<b>Name location (city &amp; state) of any colleges or universities attended:</b>			Major field of Study	Degree Received?					
					Yes	No	Type	Year		
<b>9</b>	Other training (including business, trade, military, or correspondence school)									
Name and location of school (city and state)			Type of training				Year			
<b>10</b>	Use this space to give any special qualifications relevant to the position for which you are applying which are not covered elsewhere in your application (such as professional license or certificate, skills in operation of machines/equipment, technical skills, or other special training).									

<b>11</b>	Do you have a fear of heights or confined spaces?    • Yes • No
<b>12</b>	<p><b>MEDICAL HISTORY</b></p> <p>Do you have any physical limitations that should be considered?                      • Yes • No</p> <p>Do you have any chronic disease?                      • Yes • No</p> <p>Are you receiving any special medical treatment or medications?                      • Yes • No</p> <p>If yes to any of the above questions, please explain</p> <p>_____</p> <p>_____</p> <p>_____</p>
<b>13</b>	<p><b>PHYSICIAN SECTION (To be filled out by a physician) (Optional)</b></p> <p>Medical Doctor: Name, address, and phone number.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I have found this person to be in good health, capable of handling the duties involved with fire suppression, and ready for service with the FIRE DEPARTMENT.</p> <p>SIGNED _____ M. D. _____ Date _____</p>

**EMPLOYMENT HISTORY**

<b>14</b>	<b>Position:</b>	<b>Name, Title and Position of Immediate Supervisor</b>
	<b>Employer (company or organization):</b>	<b>Address of Employer:</b>
	<b>Dates of Employment:</b>	<b>Describe your duties, responsibilities, and accomplishments below.</b>

From _____ To _____ Mo. Yr.      Mo. Yr.  Number of hours worked per week: _____  Reason for leaving: _____	_____ _____ _____
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<b>15</b>	<b>Position:</b>	<b>Name, Title and Position of Immediate Supervisor</b>
_____ _____ _____		
<b>Employer (company or organization):</b>		
<b>Address of Employer:</b> _____ _____ _____		
<b>Dates of Employment:</b>		<b>Describe your duties, responsibilities, and accomplishments below.</b>
From _____ To _____ Mo. Yr.      Mo. Yr.		
Number of hours worked per week: _____  Reason for leaving: _____		
_____ _____ _____		

<b>16</b>	<b>References</b>
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List three persons other than relatives who know you and your qualifications.

<b>1. Name:</b> _____  <b>Relationship:</b> _____	<b>Address:</b> _____ _____  <b>Phone:</b> ( ____ ) _____ - _____
<b>2. Name:</b> _____  <b>Relationship:</b> _____	<b>Address:</b> _____ _____  <b>Phone:</b> ( ____ ) _____ - _____
<b>3. Name:</b> _____  <b>Relationship:</b> _____	<b>Address:</b> _____ _____  <b>Phone:</b> ( ____ ) _____ - _____

<b>17</b>
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	Are you a citizen of the United States?      • Yes • No
	Are you legally eligible for employment in the United States?      • Yes • No
<b>18</b>	Do you have a valid drivers license?      • Yes • No
	License Number _____ State _____ Expiration Date _____

<b>19</b>	
	Do you authorize the FIRE DEPARTMENT to check your driving record, both now, and on a periodic random basis during membership for repeated or significant traffic violations?      • Yes • No

<b>20</b>	Have you ever been convicted of a felony?      • Yes • No
	Have you ever been convicted of arson or been a suspect in an arson investigation?      • Yes • No
	If yes to either question, please explain: _____ _____ _____ _____
	A conviction does not automatically mean that you cannot be elected to membership. The nature of the offense and when it occurred will be considered. Give all the facts so that a decision can be made (attach additional sheets if necessary). A record check will be run to verify your answer.

<b>21</b>	Are any members of your family members of the Coffee City VFD?      • Yes • No
	Name: _____ Relationship: _____
	Name: _____ Relationship: _____

<b>22</b>	Does your application meet with the approval of your employer? (If employed in this area)      • Yes • No
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<b>23</b>	
	Please describe any additional experience (paid or volunteer), activities or accomplishments that are relevant to fire suppression. Include name of organization, dates, and amount of time involved. Attach additional sheets if necessary.

<b>24</b>	CRIMINAL HISTORY RECORD REQUEST:
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I hereby consent to a search of conviction information/ Criminal History Information.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

<b>25</b>	DEPARTMENT MEMBERS:
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I desire to make an application for membership in your DEPARTMENT, pledging myself to conform to all rules of said DEPARTMENT, to obey all orders given me by those in authority, to answer all calls, attend all training, and meetings to the best of my ability, conduct myself at all times in such a manner as not to throw discredit on the DEPARTMENT. These statements made by me in this application are full and true to the best of my knowledge and belief. I understand that the information provided will be verified and any willful misstatement of material facts herein will cause forfeiture on my part of all rights to membership in your DEPARTMENT.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_





# Response Master Program Registration

Name: \_\_\_\_\_  
                    First                    Middle                    Last

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone #/Carrier: \_\_\_\_\_

DOB: \_\_\_\_\_

Tag #: \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_

Email address: \_\_\_\_\_

Driver License #: \_\_\_\_\_

