

**MEDINA VOLUNTEER FIRE DEPARTMENT, INC.**



P.O. Box 1650  
154 Stringtown Road  
Medina, Texas 78055

**APPLICATION**

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**GENERAL MEMBERSHIP**

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FULL NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ CELL/PGR ( ) \_\_\_\_\_

MARITAL STATUS: S M D SPOUSE'S NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT (If other than above) Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

WHAT FUNCTIONS DO YOU WANT TO PERFORM? FIREFIGHTER ADMINSTRATIVE SUPPORT

HAVE YOU BEEN A MEMBER OF ANY OTHER FIRE DEPARTMENT? \_\_\_\_\_

If YES, Where \_\_\_\_\_ When \_\_\_\_\_

DUTIES \_\_\_\_\_ CHIEF'S NAME \_\_\_\_\_

ADDRESS/PHONE \_\_\_\_\_

DO YOU HAVE ANY FIRST AID OR EMERGENCY MEDICAL TRAINING? YES NO

If YES, do you hold a CURRENT CERTIFICATION YES NO

What and With Who? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO When \_\_\_\_\_ Why \_\_\_\_\_

If YES, are you on probation? YES NO For how long? \_\_\_\_\_

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**FIREFIGHTERS ADDITIONAL INFORMATION**

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PRESENT EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SUPERVISORS NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

HOURS WORKED \_\_\_\_\_ SS/N \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ TYPE/CLASS \_\_\_\_\_ DATE EXP \_\_\_\_\_

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED? YES NO WHEN \_\_\_\_\_ WHY \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MAY AFFECT YOUR ABILITY TO PERFORM CERTAIN  
TASKS IF ASKED TO DO SO? YES NO

If YES, please indicate what: \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_ AVERAGE BLOOD PRESSURE \_\_\_\_\_ AVERAGE PULSE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ DO YOU HAVE MEDICAL INSURANCE? YES NO

PRESCRIBED MEDICATIONS \_\_\_\_\_ MEDICATION ALLERGIES \_\_\_\_\_

ARE YOU HESITANT ABOUT? (Please circle choices): HEIGHTS CLIMBING LADDERS DARKNESS  
TIGHT ENCLOSURES OTHERS: \_\_\_\_\_

BANDERA COUNTY PROVIDES WORKERS COMPENSATION COVERAGE, WHICH COULD BE DENIED IF  
INJURED WHILE USING ALCOHOL OR DRUGS.

HAVE YOU EVER FILED FOR WORKERS COMPENSATION? YES NO

IF YES, WHEN \_\_\_\_\_ PLEASE EXPLAIN \_\_\_\_\_

*I hereby release the Medina Volunteer Fire Department from any liability, which may or could result from  
furnishing the information requested above or from any subsequent use of such information in determining  
my ability, fitness and qualifications to serve as a firefighter or representative of this Fire Department. I  
further attest and certify there are no willful misrepresentations, omissions or falsifications in the above  
statements. I am fully aware any untrue information given will be grounds for immediate rejection or  
termination of membership. If accepted for membership, I willingly take the following oath:*

*I PROMISE TO PERFORM MY LAWFULLY GIVEN DUTIES AS PRESCRIBED BY THE DULY  
ELECTED OFFICERS OF THIS DEPARTMENT, EITHER VERBAL OR IN THE CURRENT BY-LAWS  
AND PUBLISHED OPERATING INSTRUCTIONS. I FURTHER PROMISE TO UPHOLD THE HONOR  
OF THE MEDINA VOLUNTEER FIRE DEPARTMENT, INC. WITH HONESTY, GOOD CONDUCT AND  
BEARING. THAT I WILL DO MY BEST TO PROTECT THE LIVES AND PROPERTY OF ALL CITIZENS  
OF MY COMMUNITY WHILE CARING FOR MY FELLOW FIREFIGHTERS AND ALL PROPERTY OF  
THIS DEPARTMENT AND COMMUNITY. SO HELP ME GOD!*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR DEPARTMENTAL USE ONLY**

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DATE RECEIVED \_\_\_\_\_ INTERVIEW DATE \_\_\_\_\_ BY: (1) \_\_\_\_\_  
MEMBERSHIP VOTE \_\_\_\_\_ DATE \_\_\_\_\_ (2) \_\_\_\_\_  
PROBATION PERIOD \_\_\_\_\_ (3) \_\_\_\_\_