

## CENTER VOLUNTEER FIRE DEPARTMENT MEMBERSHIP REQUEST

DATE OF REQUEST: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PREVIOUS FIREFIGHTING EXPERIENCE? YES \_\_\_\_ NO \_\_\_\_

IF YES, LIST NAME OF DEPARTMENT AND DATES:

\_\_\_\_\_

GIVE A BRIEF EXPLANATION OF YOUR DESIRE TO JOIN THE CENTER VFD:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THREE REFERENCES:

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**CRIMINAL HISTORY AND DRIVER'S LICENSE CHECK WAIVER OF CONFIDENTIALITY:**

I do hereby waive the right of confidentiality and both authorize and request that such information be made available to the Center Volunteer Fire Department whose address is 110 Patton St., Center, TX, 75935, to whom I have made a request to join.

\_\_\_\_\_  
SIGNATURE