

Bridgeport Volunteer Fire Department

708 Hovey Street, Bridgeport, Texas 76426
Station (940)683-0242 Dispatch (940)683-3430 Fax (940)683-3401

Application for Membership

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

DL # and State: _____ SS#: _____

Employer: _____ Occupation: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Do you have any existing medical conditions that will hinder your ability to perform the duties required of you? **YES NO** If yes, please explain: _____

Will your place of employment allow you to leave work for emergency responses? **Y N**

Will you be able to attend department meetings and drills regularly? **Y N**

Are you willing to respond to all calls, any time day or night when possible? **Y N**

Are you willing to participate in all efforts sponsored or benefitting the department? **Y N**

Please list any training or certifications you currently have: _____

By signing this application I am agreeing to adhere to the rules and regulations of this department. I understand that as a member I am required to respond to as many calls, meetings and training drills as possible. I also understand that by not meeting the minimum standard set forth by the Department, I am subject to reduction in status or termination. I also understand and agree that if I am found in violation of any State or Federal Law or Department rule that disciplinary action shall be taken and membership status could be revoked.

Signature: _____ Date: _____

Witness: _____ Date: _____

Read: _____ Voted on: _____ Out Come: **W** ____ **B** ____

Status: **Accepted Declined** Explanation: _____