

HOWARD COUNTY VOLUNTEER FIRE DEPT.

“We Serve Because We Care”

MEMBERSHIP APPLICATION

The following is an agreement between _____ and the Howard County Volunteer Fire Department.

“By my signature, I acknowledge that I have read and understand the Constitution and By-Laws, and the Departmental Operating Guidelines of the Howard County Volunteer Fire Department.”

“I acknowledge my agreement to the subjects of the above named documents and agree to abide by the provisions of such.”

“I recognize that the above named documents may be changed and/or amended. I agree to become aware of any changes as they occur.”

“I recognize that I have certain rights and responsibilities as stated in the above named documents. I recognize that my failure to comply with the policies of the Department can result in disciplinary action by the Department.”

“I recognize that my membership in the Howard County Volunteer Fire Department is volunteer and is a result of acceptance by the members.”

Signature of applicant:

_____ **Date:** _____

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For use by the Howard County Volunteer Fire Dept

Title: _____ **Date:** _____

Witness: _____

Witness: _____

HOWARD COUNTY VOLUNTEER FIRE DEPT.

"We Serve Because We Care"

Fire Fighter General Information

Firefighter Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone# _____ Work# _____

Texas Drivers License# _____

Social Security # _____

Date of Birth: _____

Length of county residency: _____

Persons To Notify In Case Of Emergency

Name: _____ Relation: _____

Address: _____

Home Phone# _____ Work# _____

Name: _____ Relation: _____

Address: _____

Home Phone# _____ Work# _____

Personal Physician: _____

Blood Type: _____ Allergies: _____

****MEDICAL RELEASE****

I, the undersigned do hereby give permission to release the above information to any Physician and/or any Medical Facility for the purpose of receiving medical treatment for injury while performing duties with the HOWARD COUNTY VOLUNTEER FIRE DEPT

Signature: _____ Date: _____