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