



SPICEWOOD VFD-EMS, INC.
PO BOX 2
SPICEWOOD, TX. 78669



MEMBERSHIP APPLICATION
PLEASE PRINT

Date:	DOB:
-------	------

Name: Last	Middle	First
------------	--------	-------

Current Address:	City:	State: TX	Zip:
------------------	-------	-----------	------

SS#	DL#	State:	What Type:
-----	-----	--------	------------

Is your license currently Revoked or Suspended?	Explain:
---	----------

Do You Have any Felony Convictions on Your Record? Y N	Explain:
--	----------

Phone# ()	Cell# ()	Email:
------------	-----------	--------

Where Do You Work:	Address:
--------------------	----------

What Are Your Hours:	WK# ()	May We Call You At WK? Y N
----------------------	---------	----------------------------

Can we list your phone numbers on our roster?	Cell: Y N	Home: Y N	Work: Y N
---	-----------	-----------	-----------

Do you hold a TDH License? Y N	What Level:	Exp. Date:	CPR: Y N	Exp. Date:
List any other additional skills or certifications you have pertaining to FIRE/EMS:				
<hr/>				
<hr/>				

How did you hear about us?

Emergency Contact: Name:	Phone: ()	Cell: ()
--------------------------	------------	-----------

All written and expressed statements on this application are in fact true to the best of my knowledge; I understand that falsification of information is grounds for disqualification. I authorize Spicewood VFD-EMS, Inc. and its agents to verify information on this application as well as run a criminal background check on myself. In addition I authorize the release of such information to the Spicewood VFD-EMS, Inc. department personnel. I release the Spicewood VFD-EMS, Inc. from any liability for seeking such information.

Applicant Signation

Date

Applicant Printed Name

For SVFD-EMS, Inc. Use Only

Pass BGC: Yes No

Date Voted In:

Pager Issued: Y N