



Willowfork Fire Department

Volunteer Firefighter Application

Operated by Fort Bend County ESD No. 2

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address:
Mobile: () Emergency Contact: ()
Driving License Class: A, B or C

Date Available: Social Security No.:
Are you a citizen of the United States? YES NO YES NO
Have you ever worked in the fire service? YES NO YES NO
Have you ever been convicted of a felony? YES NO YES NO

If yes, explain:

A conviction does not automatically mean that you cannot be elected to membership. The nature of the offense and when it occurred will be considered. Give all the facts so that a decision can be made (attaché additional sheets if necessary). A drug screen as well as a records and background check of all applicants will be run.

Education

High School: Address: YES NO Degree:
From: To: Did you graduate? YES NO Degree:
College: Address: YES NO Degree:
From: To: Did you graduate? YES NO Degree:

Certifications

CPR: TCFP
AED: SFFMA
EMT B: Paramedic

References

Please list three personal references not related to you.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

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Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Additional Experience

Please describe any additional experience (paid or volunteer), activities or accomplishments that are relevant to the fire service. Please include the name of the organization, dates and amount of time involved. Attach additional sheets if necessary.

Medical

The fire service places great physical demands and can require you to carry, lift, climb, crawl, stoop and bend. Do you have any physical limitation that would prevent you from performing these duties?

YES NO

If yes, explain:

Height: _____ Weight: _____ Blood Type _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Release, Disclaimer and Signature

1. *I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification and/or omission of information shall be grounds for dismissal from the department.*
2. *I authorize any persons or organization referenced in this application to give you any and all information, personal and/or otherwise, with regard to any of the subject covered by this application and I release all such parties from all liability from damages which may result from furnishing such information to you.*

Printed
Name:

Signature:

_____ Date: _____