



# Pass Christian Volunteer Fire Department

## Membership Application

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other Contact: \_\_\_\_\_

1. Can you prove that you are at least 18 years of age? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are you a U.S. Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you have any physical limitations or health conditions that could interfere with your performance as a fire fighter? YES \_\_\_\_\_ NO \_\_\_\_\_

(NOTE: Membership is contingent on applicant meeting minimum physical/mental demands of the position.)

If you answered yes, please explain:

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4. Do you have any commitments that might prevent you from attending monthly meetings, training, emergency call outs, or special events? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

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5. Have you ever applied to this department before? YES \_\_\_\_\_ NO \_\_\_\_\_

6. Do you have any prior firefighting experience? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Do you have any prior emergency medical experience? YES \_\_\_\_\_ NO \_\_\_\_\_

8. Please list any skills you have that you feel may relate to this position:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

I hereby certify that all statements on this application are true and complete to the best of my knowledge and that any misrepresentation or withholding of facts or information will be cause for the immediate rejection or dismissal of this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application