

Karnes City Volunteer Fire Department, Inc.

103 E. CALVERT AVE.
KARNES CITY, TEXAS 78118

www.kcvfd.org



APPLICATION FOR MEMBERSHIP

NAME: _____ DOB: _____ DL: _____
ADDRESS: _____
PHONE: _____ CELL: _____ WORK: _____ SSN: _____
EMPLOYER: _____ SUPERVISOR: _____
LENGTH OF EMPLOYMENT: _____ CAN WE CALL YOU AT WORK: _____
CAN YOU GET TIME OFF WORK TO FIGHT FIRES: _____

PREVIOUS FIREFIGHTING EXPERIENCE

FIRE DEPARTMENT	DATE JOINED	DATE RESIGNED	REASON
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_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION

NAME	RELATION	PHONE
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_____	_____	_____
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LIST NEAREST FAMILY MEMBERS (WIFE, CHILDREN, PARENTS)

NAME	RELATION	DATE OF BIRTH
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_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES (NOT RELATED)

NAME	ADDRESS	PHONE
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_____	_____	_____
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REASON FOR APPLYING/JOINING

I, _____ do hereby authorize the release of any information necessary to verify my application for membership, including my driving record and any other information that may directly or indirectly relate to my involvement in the Karnes City Volunteer Fire Department, Inc.

APPLICANT SIGNATURE: _____ DATE: _____

MEMBER SIGNATURE: _____ DATE: _____

*PARENT OF GUARDIAN: _____ DATE: _____

(*FOR APPLICANTS UNDER THE AGE OF 18)