



**Application for New Membership  
Adell – Whitt Fire Rescue**



Date: \_\_\_\_\_

Name:

\_\_\_\_\_

Last	First	Middle
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Address: \_\_\_\_\_

Street	City/State	Zip
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Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you possess a valid Texas Vehicle Operator's License? (Y/N) \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_

Cell OS (Android or iPhone): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work #: \_\_\_\_\_

Number of **AT FAULT ACCIDENTS** in past three (3) years: \_\_\_\_\_

Number of **MOVING TRAFFIC CITATIONS** in past three (3) years: \_\_\_\_\_

Have you been **CONVICTED OF A FELONY OR MISDEMEANOR** within the past five (5) years?  
(Y/N) \_\_\_\_\_

If yes, please explain on the reverse side of this page.

Do you have any physical disabilities and/or limitations due to medical conditions which would prevent you from performing all the duties required of a firefighter? (Y/N) \_\_\_\_\_

If yes, please explain on the reverse side of this page.

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Please list special skills, education, training, and firefighting related memberships.  
(Provide Documentation)

Special Skills: \_\_\_\_\_

\_\_\_\_\_

Education, Special Training: \_\_\_\_\_

\_\_\_\_\_

Organizations, Memberships (fire related only please): \_\_\_\_\_

\_\_\_\_\_

**References:**

Name	Address	Telephone	Yrs. Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**In case of Emergency notify (must list all three):**

Name	Telephone	Day/Night
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify the provided information in this application are true and correct to the best of my knowledge. I understand that falsified statements on this application will be grounds for immediate dismissal. I hereby promise to obey all the rules and regulations of this department and to become an active member withing my capabilities for all departments activities.

By signing, I allow a complete criminal history check to be completed and understand that I will not be considered for membership until criminal/civil background checks have been completed.

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

\_\_\_\_\_  
Date

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***Requirements to be an Adell-Whitt firefighter***

1. You must be willing to complete a probationary training process within the Three (3) month probationary period.
2. While completing the above probationary training process, you will be given gear that is to be left at your assigned station.
3. At no time will you be able to operate any fire department trucks while on probation, unless under the direct order of a fire department officer in charge.
4. You must attend not less than 50% of fire meetings, training classes, and work parties.
5. You must be willing to help work on equipment, trucks, fire stations, etc.
6. A letter of good standing cannot be given until you have completed the require probationary period or have been a junior firefighter for a period of one year.

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Applicant's Signature

Date

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AWVFD Officer

Date

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***Junior Firefighter***

Junior firefighter has proof of age (Y/N) \_\_\_\_\_

Junior firefighter acknowledges he/she is required to show evidence of academic performance (report card): (Y/N) \_\_\_\_\_

Signature of legal parent/guardian of junior firefighter:

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Legal Parent/Guardian's Signature

Date

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***Acknowledgement of Equipment Responsibility***

I, \_\_\_\_\_, hereby acknowledge that any equipment received from Adell-Whitt Fire Rescue are property of Adell-Whitt Fire Rescue. I understand that I am responsible for maintenance of these items. I agree to report any items that become damaged or lost. I agree to replace, at my expense, any item damaged due to my negligence. If I am no longer an active member of this fire department, I shall return all items within 5 calendar days of notification of the fire department. I understand that I may be the subject to criminal charges if these items are not returned in reasonable condition given typical wear/use.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
AWVFD Officer

\_\_\_\_\_  
Date

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***DEPARTMENT USE ONLY:***

Date of Interview: \_\_\_\_\_

Membership Committee Members present at interview: \_\_\_\_\_

\_\_\_\_\_

Date application accepted for consideration: \_\_\_\_\_

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Date background check completed: \_\_\_\_\_

Date applicant formally Accepted/Rejected: \_\_\_\_\_

Rationale, if Rejected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_