



Cool-Garner Volunteer Fire Department

2290 Garner School Rd.
Weatherford, TX 76088
817-458-0343
station43@coolgarnervfd.org

Applicant Information

Full Name: _____ <i>Last First M.I.</i>			
Address: _____ <i>Street Address City St. Zip Code</i>			
Phone: _____		Secondary Phone: _____	
E-mail: _____			
Date of Birth: _____		SSN: _____	
Driver's License: _____		State: _____	Class: _____
Position Applying For (<i>Firefighter, EMS Responder, Auxiliary, Junior Firefighter</i>): _____			
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever volunteered for this department? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when?	
Have you ever been a member of another fire department? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when and where?	
If yes, reason for leaving?			
Place of Employment: _____		Phone: _____	
Supervisor: _____			
Hours you are available: _____			

Education

High School Diploma/G.E.D.: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Some College <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/>	
Field of Study: _____	



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References (Non-Family Members)

Name:	Relationship:
Phone:	Address:

Name:	Relationship:
Phone:	Address:

Name:	Relationship:
Phone:	Address:

Personal History

Have you ever been charged or convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when, what, where, and final disposition.
Have you ever been charged or convicted or arson? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when, where, and final disposition.
Have you had a moving violation or accident in the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many, when, where, and final disposition.
Have you ever used or sold a controlled substance or narcotics? Yes <input type="checkbox"/> No <input type="checkbox"/>	If asked, would you participate in a pre-membership drug screen? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your reason for wanting to join this fire department?	

Certifications

Type	Level	Expiration Date	Certification #
EMT			
Firefighter SFFMA			
Firefighter TCFP			
PALS			
BTLE			
ACLS			



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By signing this application I understand that I will be under a probationary status for a period of 180 days from the date I am voted in as a member of Cool-Garner Volunteer Fire Department (CGVFD). I also understand that I will be required to complete introductory training through the training officer or other approved manner. I agree to abide by the By-Laws and Standard Operating Procedures (SOPs). Furthermore, I understand that I must attend all regular business and training meetings unless excused from such as described in the CGVFD By-Laws.

I understand that I will not be able to drive any vehicles belonging to CGVFD or ESD 7 without the appropriate Texas Driver's License and having completed an Emergency Vehicle Driving Course. I also agree to attempt to acquire a Class B Driver's License within 1 year of my approval of membership if I am applying for the position of firefighter.

I agree that all equipment issued to me by CGVFD will be returned within 15 days of me leaving this department's membership. I understand that if I do not return the equipment a report of theft of the total dollar amount of unreturned equipment will be made to the local law enforcement agency.

I understand that I am applying for a volunteer position and I will not receive any salary or hourly wage for my involvement. I understand that any injuries that occur during the act of my duties as a volunteer firefighter will be covered by worker's compensation provided all appropriate paper work is submitted within the required time period.

By signing this application I agree that the information provided is true and correct to the best of my knowledge. I understand that any false statements made are grounds for immediate denial of this application for membership or immediate removal from CGVFD.

Signature: _____

Date: _____

For CGVFD use only

Background Investigation Result by PCFMO: _____

Date application accepted by membership: _____

Date approved for membership: _____