

# DAVID CROCKETT STEAM FIRE CO. NO. 1

## MEMBERSHIP APPLICATION PACKET

Dear Applicant,

Thank you for your interest in applying for membership in the oldest continuously active volunteer fire company in the country.

Attached you will find the necessary forms to complete to submit your application for membership. Please follow the instructions below to ensure prompt consideration.

First, complete the front and rear sides of the membership application. Please PRINT all information in the spaces provided on the application, and be sure to sign and date the application. The application must also be signed by two ACTIVE members in good standing with the fire company (in spaces marked "Referred By:").

Second, complete and sign the "Arrest Record Release Authorization" form.

Finally, submit your completed application forms to the fire company along with a check or money order in the amount of \$24.00 for 2 (two) years dues. Dues to be prorated at time of application - \$1.00 per month. This will satisfy the payment of your first 2 (two) years dues.

After your application is received and a background investigation is completed, it will be reviewed at the Board of Directors meeting on the third Tuesday of the month. If rejected, your \$24.00 payment will be refunded. If approved, you will be notified and invited to meet the membership at the following general membership meeting. After being introduced to the membership, you will be excused from the meeting, and the final vote of the company will determine your membership. If you are applying for Honorary Active Membership, attendance at this meeting is mandatory in order to be voted upon. If approved, your membership will be granted and you will be notified. If rejected, you will be notified and your \$24.00 payment will be refunded.

If membership is granted, you must complete the 3 (three) page Medical History Questionnaire and return it to the fire company within 30 (thirty) days or your membership is null and void.



**DAVID CROCKETT STEAM FIRE COMPANY NO. 1**

**APPLICATION FOR MEMBERSHIP**

**PERSONAL INFORMATION**

Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Referred by (Print): \_\_\_\_\_ Referred by (Print): \_\_\_\_\_

Referred by (Signature): \_\_\_\_\_ Referred by (Signature): \_\_\_\_\_

LA Drivers License # \_\_\_\_\_ Marital Status \_\_\_\_\_ Children \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Blood Type \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Allergies \_\_\_\_\_

Do you have a High School Diploma or G.E.D.? ( ) Yes ( ) No

Beneficiary's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you had any tickets or accidents in the past three (3) years? ( ) Yes ( ) No If yes, give details below.

Have you ever been arrested for any charge? ( ) Yes ( ) No If yes, give details below.

Have you ever been convicted of a felony? ( ) Yes ( ) No If yes, give details below.

**MEMBERSHIP DESIRED**

\_\_\_\_\_ Honorary \_\_\_\_\_ Honorary Active \_\_\_\_\_ Active \_\_\_\_\_ Probationary \_\_\_\_\_ Dual Department

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**GENERAL**

Previous Firefighting Experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Subjects of Special Study or Job Related Skills \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**CURRENT EMPLOYER**

Place of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date Started \_\_\_\_\_

Occupation \_\_\_\_\_

Hours Employed \_\_\_\_\_ Days of Week \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_

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**AUTHORIZATION**

I certify that the facts contained in this application (and accompanying forms) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal, or dismissal if I have been accepted, no matter when discovered by the Company.

I understand that membership is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application.

I understand that if my membership is approved, I must complete in full an employee Medical History questionnaire within 30 days of acceptance or my membership will be null and void.

I understand that filling out this form does not indicate acceptance and does not obligate the Company to approve my application. If membership is approved, I agree to abide by all Company rules, policies and procedures, and to abide by all constitutions and by-laws of the Company.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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**FOR COMPANY USE ONLY**

Background Check \_\_\_\_\_

Board Action \_\_\_\_\_ Membership Action \_\_\_\_\_

# DAVID CROCKETT STEAM FIRE CO. #1

## Arrest Record Release Authorization (Print all information except signature)

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ LA Drivers License # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

By this signature, I authorize the release of my arrest record if any, and waive such legal rights that may exist and do release any and all persons from liability in connection with the furnishing of such information.

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

Date of Arrest	Charge	Disposition

\_\_\_\_\_  
Police Officer/Deputy Sheriff

Date \_\_\_\_\_

## David Crockett Steam Fire Company No. 1

### NOTICE TO ALL EMPLOYEES AND MEMBERS

We are committed to providing Workers' Compensation benefits to all employees/members who sustain an employment/membership related injury in accordance with Louisiana law.

If a work related injury or disability is caused, or made worse, by a "pre-existing" condition, David Crockett Steam Fire Company Number 1 may be able to seek partial reimbursement of the benefit dollars paid to you, or on your behalf, from the Louisiana Second Injury Fund. Such reimbursement would be made to David Crockett Steam Fire Company Number 1 without reduction in benefits to you.

In order for David Crockett Steam Fire Company Number 1 to be considered for reimbursement from the Second Injury Fund, it has to show that it knowingly hired or accepted or knowingly retained the employee/member with a pre-existing disability. To establish this fact, David Crockett Steam Fire Company Number 1 requires all employees/members to complete the attached questionnaire.

The information obtained from the questionnaire will be kept CONFIDENTIAL. As you complete the attached questionnaire, you should be aware that:

**FAILURE TO ANSWER TRUTHFULLY MAY RESULT  
IN FORFEITURE OF YOUR WORKERS' COMPENSATION  
BENEFITS UNDER LA R.S. 23:1208.1.**

I have read the foregoing notice and have completed the attached questionnaire to the best of my knowledge, information and belief.

\_\_\_\_\_  
EMPLOYEE/MEMBER

\_\_\_\_\_  
DATE

David Crockett Steam Fire Company No. 1

EMPLOYEE/MEMBER MEDICAL HISTORY QUESTIONNAIRE FOR SECOND INJURY FUND PURPOSES

Please answer the following questions by circling Yes or No

1. Have you ever had a disease or disability arising from your occupation? Yes No  
If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Have you ever received worker's compensation benefits for an injury that occurred at work? Yes No  
If YES, when? \_\_\_\_\_

How long were you on compensation? \_\_\_\_\_

Name of employer: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

3. Have you ever been rejected for employment, insurance, military service because of health? Yes No  
If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Have you ever had back trouble or injury to your back, head or neck? Yes No  
If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Do you have any restrictions or limitations upon your physical activities? Yes No  
If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

6. What operations, accidents, broken bones, strains or serious illnesses have you had?

\_\_\_\_\_

\_\_\_\_\_

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

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

## David Crockett Steam Fire Company No. 1

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If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Do you have any other long-term health problems or adverse physical conditions? Yes No

If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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