

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

GENERAL

Previous Firefighting Experience _____

Subjects of Special Study or Job Related Skills _____

CURRENT EMPLOYER

Place of Business _____

Address _____

Phone # _____ Date Started _____

Occupation _____

Hours Employed _____ Days of Week _____ Hours _____ to _____

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 _____

FOR COMPANY USE ONLY

Background Check _____

Board Action _____ Membership Action _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS

REQUESTED BY: Charlene Klumpp - David Crockett Steam Fire Co. #1

Please print clearly

Applicant's Name: _____

Social Security #: _____

Driver's License #: _____ State: _____

Date of Birth: _____ Race: _____

Gender _____ Male _____ Female

Phone: _____

Current Address: _____

City: _____ State: _____ Zip: _____

I hereby agree to indemnify and hold Authorized Agency, its agents, representative employees any law enforcement agency and court contracted by Authorized Agency to conduct to herein authorized investigation of my criminal history harmless from any and all damages, of whatever type of nature, including court costs and reasonable attorney fees suffered by any person, including the undersigned as a result of the investigation into my criminal history authorized to be conducted herein. I understand and agree that this investigation will be based upon a review of the State of Louisiana's Criminal History Records Database and the databases of law enforcement agencies and court systems identified above: it will not include an investigation into the criminal records of the Federal Bureau of Investigations Identification Division Files.

Applicant's Signature

Date

RESULTS OF THE CRIMINAL BACK GROUND CHECK

_____ **No criminal history was found to exist pursuant to Louisiana's RS40:1300.51**

_____ **A criminal history as outlined below was found to exist pursuant to Louisiana's RS40:1300.51**

Notes: _____

Authorized by:

Name

Title