



**WEST ORANGE VOLUNTEER FIRE DEPARTMENT  
2700 AUSTIN AVENUE  
WEST ORANGE, TEXAS 77630**

**\*\*\*\*APPLICATION FOR MEMBERSHIP\*\*\*\***

**AT THE TIME OF APPLICATION, APPLICANT MUST PROVIDE A CURRENT CRIMINAL / CIVIL HISTORY CHECK FROM THE ORANGE COUNTY DISTRICT CLERK AND THE ORANGE COUNTY CLERK'S OFFICE.**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**BIRTH DATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
**EDUCATION: (CIRCLE ONE) 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20**

**EMPLOYER:** \_\_\_\_\_  
**SUPERVISOR:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_  
**WORK SCHEDULE:** \_\_\_\_\_

**PRIOR DEPARTMENT SERVICE:** \_\_\_\_\_  
**RECOMMENDED BY:** \_\_\_\_\_

**REFERENCE (RELATIVE):** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**REFERENCE (NON-RELATIVE):** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**DO YOU CURRENTLY RESIDE WITHIN THE CITY LIMITS OF THE CITY OF WEST ORANGE? (YES) / (NO) \_\_\_\_\_ HOW LONG? \_\_\_\_\_**  
**IF LESS THAN TWO (2) YEARS, LIST PREVIOUS ADDRESS \_\_\_\_\_**  
 \_\_\_\_\_

**DO YOU HAVE A CURRENT DRIVERS LICENSE? (YES) / (NO) \_\_\_\_\_**  
**LICENSE NUMBER: \_\_\_\_\_ CLASSIFICATION (A) (B) (C) \_\_\_\_\_**

**HAVE YOU RECEIVED A MOVING VIOLATION CITATION DURING THE PAST YEAR? (YES) / (NO) \_\_\_\_\_**  
**HAVE YOU EVER BEEN CONVICTED OF A D.W.I. OFFENSE (YES) / (NO) \_\_\_\_\_**  
**A "YES" ANSWER TO THE PREVIOUS TWO QUESTIONS MAY REQUIRE YOU TO PROVIDE THE FIRE DEPARTMENT WITH A COPY OF YOUR DRIVING RECORD.**

**DO YOU USE A NARCOTIC OF ANY TYPE? (YES) / (NO) \_\_\_\_\_**  
**IF YES EXPLAIN: \_\_\_\_\_**

CAN YOUR EYESIGHT BE CORRECTED TO LESS THAN 20/20 IN ONE EYE AND 20/40 IN THE OTHER? (YES) / (NO) ARE YOU COLOR BLIND (YES) / (NO)\_\_\_\_\_

IF YES EXPLAIN:\_\_\_\_\_

DO YOU HAVE ANY HEARING PROBLEMS (YES) / (NO) IF YES EXPLAIN:\_\_\_\_\_

DO YOU HAVE ANY EXISTING MEDICAL PROBLEMS THAT WOULD PREVENT YOU FROM SAFELY PERFORMING YOUR DUTIES AS A FIREFIGHTER? (YES) / (NO) IF YES EXPLAIN:\_\_\_\_\_

A POSITIVE ANSWER TO THE FIVE PREVIOUS MEDICAL QUESTIONS MAY REQUIRE YOU TO PROVIDE THE FIRE DEPARTMENT WITH A MORE DETAILED MEDICAL HISTORY.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (YES) / (NO)\_\_\_\_\_

IF YES, EXPLAIN:\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ARSON (YES) / (NO)\_\_\_\_\_

IF YES, EXPLAIN:\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A NARCOTIC RELATED OFFENSE (YES)/(NO)

IF YES EXPLAIN:\_\_\_\_\_

I HEREBY MAKE APPLICATION TO BECOME A MEMBER OF THE WEST ORANGE VOLUNTEER FIRE DEPARTMENT, SUBJECT TO ITS CONSTITUTION AND BY-LAWS, AND AGREE TO ABIDE BY THE SAME. I ALSO UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL EQUIPMENT ISSUED TO ME BY THE FIRE DEPARTMENT WITH THE EXCEPTION OF DAMAGE OR LOSS CAUSED BY ACCIDENT OR NORMAL WEAR AND TEAR.

I, \_\_\_\_\_, SOLEMNLY SWEAR THAT I HAVE READ AND UNDERSTAND THE ABOVE QUESTIONS AND ANSWERS, AND MY ANSWERS ARE TRUE AND CORRECT IN EVERY RESPECT.

*APPLICANT'S SIGNATURE:* \_\_\_\_\_

SUBMITTED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

NOTARY PUBLIC SIGNATURE \_\_\_\_\_

THIS APPLICATION MUST BE NOTARIZED BEFORE IT IS RETURNED. APPLICANT MUST SIGN THE APPLICATION IN FRONT OF THE NOTARY. THE APPLICANT WILL BE REIMBURSED FOR THE CRIMINAL / CIVIL HISTORY CHECK IF THE APPLICANT BECOMES A MEMBER OF THE WEST ORANGE VOL. FIRE DEPT.