



Membership Application

Name: _____
SSN: _____ DOB: _____ Height: _____ Weight: _____
Driver License #: _____ Class: _____ Restrictions: _____
Place of Birth: _____

Home Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Employer: _____ Phone: _____
Employer Address: _____
City: _____ State: _____ Zip: _____

Emergency Contact: _____
Relationship: _____ Phone: _____
Contact Address: _____
City: _____ State: _____ Zip: _____

Do you know of any personal medical, physical, and/or mental conditions that would prohibit you from performing the functions or fulfilling the requirements of a firefighter? Yes No
If yes please explain _____
Previous Injuries/Serious Illnesses: _____
Date of Last Physical: _____ Physical Condition: _____

Write n/a if not applicable



PO Box 51 Geronimo, TX 78155
6551 N. State Hwy 123 Seguin, TX 78155

(830) 372-4208
www.geronimovfd.org

List moving vehicle violations in the last three (3) years (Date & Brief Description): _____

List previous firefighting experience, certifications, and with what department(s): _____

EMS Certifications: _____

TDSHS #: _____ Expires: _____

NREMT #: _____ Expires: _____

Other Certifications: _____

Skills: _____

Write n/a if not applicable

I do hereby give the Geronimo Volunteer Fire Department (GVFD) permission to inquire into my educational background, references, driving record, police records, employment and/or volunteer history. I further give permission to the holder of any such records to release the same to the GVFD. I do hereby hold the GVFD harmless of any liability whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the above-named agency. I understand that the GVFD will use this information as part of its verification of my volunteer application and periodically for evaluation purposes. I further agree that I will not hold the GVFD and/or its officers liable for personal injuries received in my performance as a firefighter.

Signature: _____ Date: _____

DEPARTMENT USE ONLY

Date Dues Paid: _____ Staff Member: _____