



Salado VFD – Membership Application

3520 FM 2484

Salado, TX 76571

Application Date: _____

Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Alternate Phone Number: _____

Email: _____ Texas Driver's License # _____ Class _____

Emergency Contact Name: _____ Phone Number: _____

How long would it take you to get to the station? _____

Are you a minimum of 18 years of age? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

Current or Last Employer: _____ Job Title: _____

Supervisor Name: _____ May we contact? ___ Yes ___ No

Supervisor Phone Number: _____

Do you have any EMS or Firefighting experience? (Past or Present) _____

Why do you want to join the fire department?

Education

Name of High School: _____ Graduate or GED: ___ Yes ___ No

College attended: _____ Major _____ Degree Earned: ___ Yes ___ No

References

Please list one personal reference (non-family) and one current or past supervisor.

Name: _____ Relationship: _____ Years Known: _____

Phone Number: _____ Email address: _____

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Phone Number: _____ Email address: _____

National Criminal and Offense Report from Sentry Link is required with this application