



BASTROP COUNTY FIRST RESPONDERS

**P.O. BOX 888
BASTROP, TX 78602**

APPLICATION FOR MEMBERSHIP

Name _____ SSN _____

(Last, First, Middle)

Address _____ City _____ State _____ ZIP _____

Phone Number (____) _____ Cell _____

Employer/School _____

Occupation _____ Date of Birth _____ Blood Type _____

E-mail address _____ TX DL _____

Circle all certifications:

ECA EMT EMT-I EMT-P LIC-P Instructor Coordinator

Expiration _____ State _____ Location & Instructor of Course _____

Emergency Notification:

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Below please list moving violations you have received in the past three (3) years:

Charge Date Location Disposition

1 _____

2 _____

3 _____

4 _____

Have you ever plead guilty or been convicted of a crime in a civilian or military jurisdiction (Misdemeanor or Felony)?

YES NO

If yes, please list the charge, jurisdiction and disposition. Please use additional Pages or attach copies if necessary.

Charge Date Location Disposition

1 _____

2 _____

Do you have any prior EMS or public safety experience? **YES NO**

I, _____, hereby certify that the information given in this application is true and correct to the best of my knowledge, I understand that any misinformation or omission of information will be grounds for immediate dismissal from the Bastrop County First Responders, Inc. (BCFR). I hereby give permission to BCFR to investigate any and all of the information listed in this application to the degree deemed necessary by the officers of BCFR. I also give permission to request and acquire a copy of my driving record, any police records, or military records necessary on the investigations.

Printed or typed name of applicant

Signature

Date

THIS SECTION FOR BCFRA USE ONLY

Background Completed _____ DL Check Complete _____

Approved/Denied: _____ Responder Number Assigned: _____

Probation Completed _____ President: _____