



## Bastrop County First Responders

P.O. Box 888

Bastrop, TX 78602

### APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
( Last, First, Middle )

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (cell) e-mail: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Occupation: \_\_\_\_\_ DOB: \_\_\_\_\_ TxDL #: \_\_\_\_\_

#### Check TX Certifications:

ECA EMT-B EMT-I EMT-P LP EMS Instructor EMS Coordinator Expiration Date: \_\_\_\_\_

Location of Certification Course: \_\_\_\_\_

#### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list moving violations you have received in the past three (3) years:      None

| 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 us additional pages or attach copies if necessary.

| Charge | Date  | Location | Disposition |
|--------|-------|----------|-------------|
| 1.     | _____ | _____    | _____       |
| 2.     | _____ | _____    | _____       |

Do you have and 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 (BCFR). I hereby give permission to BCFR in investigate and all of the information listed in the 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, criminal back ground, or military records necessary on the investigation.

\_\_\_\_\_  
(Printed Name )

\_\_\_\_\_  
( Signature )

\_\_\_\_\_  
(Date)