



## 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)