

**RESERVE VOLUNTEER FIRE DEPARTMENT**  
**APPLICATION FOR MEMBERSHIP**

P. O. BOX 449 RESERVE, LA 70084

ID# \_\_\_\_\_

Date Applying: \_\_\_\_\_

FD# \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Mailing: \_\_\_\_\_ Town: \_\_\_\_\_

Phone: Residence: \_\_\_\_\_ Work: \_\_\_\_\_

S.S. # : \_\_\_\_\_ Driver's License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Color Eyes: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Height \_\_\_\_\_ ' \_\_\_\_\_ " Weight: \_\_\_\_\_

Resident of Reserve: Yes \_\_\_\_\_ No \_\_\_\_\_ How Long: Years: \_\_\_\_\_ Months \_\_\_\_\_

Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_ EXT: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Nature of Work: \_\_\_\_\_ Time of work: \_\_\_\_\_ shift \_\_\_\_\_  
(Day) (Night)

Any fire fighting experience: Yes \_\_\_\_\_ No \_\_\_\_\_

Fire, EMT, First Aid, Other: \_\_\_\_\_

Do you belong to any other fire department: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_ Do you use drugs: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**CHECK WHICH ONE YOU ARE APPLYING FOR:**

Administrative: \_\_\_\_\_ EMS: \_\_\_\_\_ Firefighting: \_\_\_\_\_ Haz Mat: \_\_\_\_\_

Are you willing to attend meetings, fire drills, and work details, when available: Yes \_\_\_\_\_ No \_\_\_\_\_

**IN CASE OF AN EMERGENCY OR ACCIDENT NOTIFY:**

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employed by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\* PLEASE FILL OUT BENEFICIARY CARD ON THE NEXT PAGE\*\*-**