



Cross Timbers Emergency Response Team
P.O. Box 189 649 CR 173
Morgan Mill, Texas 76465
(254)918-2427 Station (254)968-7124 Fax

~ APPLICATION FOR MEMBERSHIP ~

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address) (Apt./Suite No.)

3. Contact Info: (____) _____ (____) _____ (____) _____
(Home) (Work) (Cell)

Email _____

4. How long have you lived at the above address? Years: _____ Months: _____

5. How long have you resided in Erath County? Years: _____ Months: _____

6. Are you 18 years of age or older? Yes [] No [] If NO, state your age: _____

7. Are you currently employed? Yes [] No []

If "Yes", give employer information below.

Name of Company _____

Address _____ Telephone (____) _____

May we contact your employer as a reference? Yes [] No []

8. Do you have a valid Texas State Driver's License? Yes [] No []

Class _____ Endorsements _____ DL # _____

DOB _____ SS# _____

9. Please indicate your availability to participate in normally department activities. (i.e.; meetings, drills and emergency calls) Please check all appropriate time periods:

Days [] Evenings [] Nights [] OTHER _____

10. Previous emergency services experience: (include any fire, rescue, police & EMS agencies)

Agency Name _____

11. Have you ever been convicted or plead guilty to a felony, misdemeanor, or a reduction of one of these offenses? Yes [_] No [_] If yes, give details below.

12. Please list three personal references, other than members of this organization, who have known you at least five (5) years:

a.) Name : _____ Telephone # : _____

Address : _____

b.) Name : _____ Telephone # : _____

Address : _____

c.) Name : _____ Telephone # : _____

Address : _____

13. Please list any acquaintances that are members of this organization:

~ Additional Information ~
