



# Lexington Fire Department

Chief: Glenn Wood  
88 First Street, Lexington, TN 38351  
Phone: (731) 968-8219  
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## Volunteer Firefighter Membership Application

Name \_\_\_\_\_ SS#(Last 4 Digits) \_\_\_\_\_

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

Phone \_\_\_\_\_ Driver License# \_\_\_\_\_ US Citizen: Yes\_\_ No\_\_

Education \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Work Schedule \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, give details. \_\_\_\_\_

\_\_\_\_\_

Physical Impairments (if any) \_\_\_\_\_

Fire Service Experience \_\_\_\_\_

\_\_\_\_\_

Character References (List 2 – No Relatives) \_\_\_\_\_

\_\_\_\_\_

In case of an accident notify: Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that I am 18 years of age or older and have no drug and/or alcohol dependency, abuse or associated problems and, if accepted as a member of the City of Lexington Fire Department staff, I agree and understand that: (1) It is my responsibility to respond to all calls and attend all regular training sessions and maintain a minimum 50% overall attendance, (2) I will grant my permission to have a background check conducted, (3) I will be responsible for and maintain any equipment issued to me and return it to the department when requested or at the time I resign my membership, (4) I will abide by the department Standard Operating Procedures, (5) this position is strictly volunteer and there is no employee/employer relationship between the City of Lexington and I, (6) I will not be paid wages for work performed as a volunteer firefighter, and (7) being a member of the City of Lexington Fire Department is not a prerequisite to becoming an employee of the Fire Department.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date