



Camelot Volunteer Fire Department
7385 Gibbs Sprawl
San Antonio TX 78239

Membership Application

Name: _____ DOB: _____ SSN: _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Place of Employment: _____

Person to Notify in Emergency: _____

Phone: () _____

Hospital Preference: _____

Do you have any physical or medical conditions which may prevent you from performing any firefighting/rescue duties? Circle One: YES NO

If yes, explain: _____

Do you have firefighting experience? Circle One: YES NO

If yes, where? _____

List all certifications and/or training:

DL# _____ State: _____ Class: _____

*****DO NOT WRITE BELOW THIS LINE*****

Approved: _____ Denied: _____

Probationary period required? 30 60 90

Additional Comments: _____

