

# Lafourche Fire District #1 Volunteers

Information Update     New Membership Application

**This form must be fully completed by all new applicants.**

**Fire Company\***

Circle one

1 2 3 4

**\*\*\*ALL Forms Must Note a Beneficiary.\*\*\***

(\*) Asterisk Items must be completed - both sides

Incomplete forms or forms with incorrect or no dues will be returned.

T-Shirt Size \_\_\_\_\_

Name: Last\* \_\_\_\_\_ First\* \_\_\_\_\_ MI\* \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ Gender\* M / F

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

DOB\* \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN\* \_\_\_\_-\_\_\_\_-\_\_\_\_ Blood Type \_\_\_\_\_

Driver's License # \* \_\_\_\_\_ State\* \_\_\_\_\_ Class\* \_\_\_\_\_

Phone: Home\* \_\_\_\_\_ Cell\* \_\_\_\_\_

Email: Home\* \_\_\_\_\_

Work \_\_\_\_\_

If you approve getting text alerts for meetings, drills, calls, and other dept. info all the following is needed:

Email: \_\_\_\_\_ Cell # (\_\_\_\_) - \_\_\_\_\_

Smart Phone Type: \_\_\_\_ Android or \_\_\_\_ iPhone OR \_\_\_\_ Other (Flip Phone)

\*\*\*\*NOTE: Depending on your plan, your carrier may charge usage fees.\*\*\*\*

Previous firefighting experience Y / N Where: \_\_\_\_\_

Status: [ ] Active [ ] Support [ ] Junior Firefighter (ages 10-17)

Emergency Contact\*: \_\_\_\_\_ Relationship \* : \_\_\_\_\_

Phone\*: Day \_\_\_\_\_ Night\* \_\_\_\_\_

1. \*Have you been convicted of a DUI offense in the last 10 years? If so, when?

2. \*Have you been convicted of, or forfeited collateral, for a felony conviction? If so, why & when?

Beneficiary\* : \_\_\_\_\_ Relationship\* \_\_\_\_\_

(Everyone must be complete)

**\*\*\* Complete only if you're a LSFA Member OR you are joining LSFA (18 & over)\*\*\***

LSFA Membership Number: \_\_\_\_\_ Life Member? \* Yes / No

(If you know or have it)

LSFA Membership provides a Line of Duty Death/Disability Benefit.

My signature(s) below acknowledges that I(we) have completed the above to the best of my (our) knowledge and hereby authorize Lafourche Fire District #1 Volunteers to use the information provided on this form strictly for fire department purposes only.

Member's Signature \* \_\_\_\_\_

( If Jr. Firefighter, *must* be signed by a Parent and Junior Firefighter)

New Applications Only: \_\_\_\_\_

Company Captain's Signature & ID #    Active Firefighter's Signature & ID #

\$10.00 Dues = Junior Firefighter, Support (not LSFA), or Active (LSFA Life Member or not LSFA)

\$16.00 Dues = Support (LSFA member) or Active ( LSFA Member.)

---    ^^^    Stop - Do Not Complete Below    ^^^    ---

receiving \$ \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/2\_\_\_\_

Check/Money Order # \_\_\_\_\_ Collecting \$ \_\_\_\_\_ Dept. Dues, \$ \_\_\_\_\_ Co. Dues & \$ \_\_\_\_\_ LSFA Dues

R 12/29/2012 Front

Membership \_\_\_\_\_ Approved \_\_\_\_\_ Declined \_\_\_\_\_ / \_\_\_\_ / 2\_\_\_\_

**Department Issued Equipment Inventory**

Date of Inventory \_\_\_/\_\_\_/\_\_\_

Member : \_\_\_\_\_ Dept ID #: \_\_\_\_\_  
(Print Your Name) (If you know it)

Communications Equipment

**Indicate the ID number engraved on the item, if any**

Pager: \_\_\_\_\_ Portable: \_\_\_\_\_

Mobile: Make \_\_\_\_\_ Model \_\_\_\_\_

Serial \_\_\_\_\_

Personal Protective Equipment:

**Check off those in your possession**

- Helmet             Hood             Rescue Jumpsuit
- Coat                 Pants            Gear Bag
- Boots                Gloves         Rescue Gloves
- \_\_\_\_\_         FD Key(s) - Number(s) \_\_\_\_\_

By signing this statement I acknowledge the possession of, and responsibility for maintaining in good condition, the above listed Lafourche Fire District #1 Volunteer issued equipment. Upon my separation from the Volunteers, I will promptly return all the above listed equipment in good, clean condition.

Signature   x   \_\_\_\_\_ / \_\_\_ / \_\_\_

**\*ALL Members must read & complete below.**

**Privacy of Information Acknowledgement**

I, \* \_\_\_\_\_, do hereby certify that I  
**Print Name**

have been instructed that I may not, under any circumstance(s), divulge any information about any victim(s) of any scene that I, as a Lafourche Fire District #1 Volunteer Member, may respond to. This information may include, but is not limited to, the type and/or severity of injury, the location of the victim(s) at the scene, any information about the scene(s), the name of the victim(s), the condition of the victim(s), and any other personal information with regards to the victim(s).

I have been instructed to refer all such inquiries by anyone to the Chief(s), at all times.

I hereby further certify that I am aware that by 42 USC 1320d-6 (HIPAA Sec. 1177, enacted in 1996), I may personally be liable to fines up to \$250,000 and/or 10 years imprisonment for any violation of the HIPAA Privacy Standards.

X

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
\*Date Signed

\_\_\_\_\_  
\*Name Printed