

**Exhibit 10**

**DeKalb County Fire Department**  
**Application for Honorary Lifetime Membership**

Full Name of Applicant (Last, First, Middle Initial)	Address of Applicant
Social Security Number:	Date of Birth:
Place of Birth (city & state):	Phone Number:
Have you ever been convicted of, or forfeited collateral for any firearms or explosive violation?  (Circle one) Yes or No	Are you now under any charges for any violation of law?  (Circle one) Yes or No
Years of Service (include dates):	Position(s) held in Department (list position and dates):
Other Contributions to the Department (list):	
Do you understand that you are considered an “employee” of county government and applicable alcohol/drug screening procedures apply:  (Circle one) Yes or No	Which station of the DeKalb County Fire Department is the closest (by road) to your residence?  _____
Do you have any disabilities that would prevent you from performing the essential functions of firefighting?  (Circle one) Yes or No	Please provide your Tennessee Driver’s License Number:  _____
Are you a member of any other emergency organization (rescue squad, other county or municipal fire department)? (If yes, please provide name of agency/organization)  (Circle one) Yes, _____ or No  Do you intend to be an “active” Honorary Lifetime Member according to Article VII, Section B? _____  If yes, do you understand you must meet the minimum training attendance requirements as outlined in Article II, Section B? _____	By signing below, I am certifying that all information provided on this application is true to the best of my knowledge. I further attest that I have read the Standard Operating Procedures (SOP’s) for the DeKalb County Fire Department and understand the requirements for membership.  Signature of Applicant:  _____  Date: _____
Notes by Reviewing Officials:	Evaluation Points Awarded: Years of Service: _____ Position(s) Held: _____ Other Significant Contributions: _____  Total Points: _____
<i>For Fire Department Office Use Only:</i> Date of Review: _____ Action: _____ Date of Official Honorary Status: _____	