

CONTROL NUMBER: \_\_\_\_\_



# DOYLESTOWN FIRE COMPANY No. 1

POST OFFICE BOX 208

DOYLESTOWN, PENNSYLVANIA 18901

EMERGENCY DIAL 911

BUSINESS NO. 348-2656

A VOLUNTEER COMPANY

## APPLICATION FOR MEMBERSHIP

\_\_\_ ACTIVE      \_\_\_ JUNIOR      \_\_\_ ASSOCIATE

I, (print name) \_\_\_\_\_, hereby make application for Active Membership in your Company. I understand that my acceptance or rejection is by vote of the Company Members. I also understand that my membership is for no definite period and may be revoked in accordance with the Company's Constitution and, Bylaws.

I authorize investigation of all information contained in this application. This investigation may include a criminal history check, and/or a driver's record check with any appropriate authority. I understand this application may be reviewed at anytime. I also understand that, if accepted, I will be on probation for a minimum of twelve months from the date accepted and that any misinformation contained in this application shall be cause for disciplinary action up to and including expulsion.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Dues: \$2.00 per annum payable in advance for Active Applications.

***ALL BLOCKS MUST BE FILLED IN COMPLETELY,  
USE N/A WHERE NON-APPLICABLE. INCOMPLETE  
APPLICATIONS WILL NOT BE PROCESSED.***

Application accepted by: \_\_\_\_\_(print)

Date received: \_\_\_\_\_

CONTROL NUMBER: \_\_\_\_\_

**MEMBERSHIP APPLICATION TO DOYLESTOWN FIRE COMPANY NO. 1**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS (NO PO BOX): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LOCAL ADDRESS (ASSOCIATE APPLICATIONS): \_\_\_\_\_

YEARS AT HOME ADDRESS: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

YEARS AT THIS ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE OF LICENSE: \_\_\_\_\_

ANY DRIVING VIOLATIONS EVER RECEIVED: \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_

IF "YES", EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED, INCLUDE SUMMARY VIOLATIONS? \_\_\_\_\_

IF "YES", EXPLAIN: \_\_\_\_\_

HAVE YOU EVER HAD A LICENSE IN ANY OTHER STATE? \_\_\_\_\_

STATE OF ISSUE: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

WAS THAT LICENSE EVER SUSPENDED OR REVOKED? \_\_\_\_\_

IF "YES", EXPLAIN: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER'S PHONE #: \_\_\_\_\_ YEARS WITH EMPLOYER: \_\_\_\_\_

LIST PREVIOUS EMPLOYERS (with phone numbers starting with current employer) IN PAST FIVE (5) YEARS (if additional space is needed use back): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIREFIGHTING EXPERIENCE:**

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HAVE YOU EVER APPLIED TO OR HAVE BEEN A MEMBER OF ANOTHER FIRE COMPANY? \_\_\_\_\_ IF "YES", NAME OF THE FIRE COMPANY: \_\_\_\_\_  
\_\_\_\_\_ AND PLEASE PROVIDE A COPY OF YOUR RECORDS.

PREVIOUS CHIEF'S NAME & PHONE NUMBER: \_\_\_\_\_  
\_\_\_\_\_

FIRE SCHOOLS COMPLETED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION WHERE COURSES WERE TAKEN: \_\_\_\_\_  
\_\_\_\_\_

FIRST AID COURSES COMPLETED (BASIC, CPR, AED): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIALIZED TRAINING OR HOBBY THAT CAN BENEFIT THE FIRE COMPANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL RECORD:**

HAVE YOU EVER BEEN HOSPITALIZED? \_\_\_\_\_ IF SO, WHERE? \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY DISABILITIES, PAST OR PRESENT, WHICH COULD AFFECT YOUR FIRE COMPANY DUTIES? \_\_\_\_\_ IF "YES", EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

1. HAVE YOU EVER USED ANY ILLEGAL DRUGS? \_\_\_\_\_ IF "YES",

EXPLAIN: \_\_\_\_\_

2. HAVE YOU EVER HAD AN ALCOHOL PROBLEM? \_\_\_\_\_ IF "YES",

EXPLAIN: \_\_\_\_\_

3. ARE YOU WILLING TO BE FINGERPRINTED FOR THE FIRE COMPANY  
PERSONNEL FILE? \_\_\_\_\_

EDUCATION LEVEL: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PERSONAL REFERENCES**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ YEARS ACQUAINTED: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ YEARS ACQUAINTED: \_\_\_\_\_

**MEMBERSHIP COMMITTEE USE ONLY**

CONTROL NUMBER: \_\_\_\_\_

DATE OF FIRST READING: \_\_\_\_\_

DATE OF SECOND READING: \_\_\_\_\_

COMPANY VOTE: YES \_\_\_\_\_ NO \_\_\_\_\_ ABSTAIN \_\_\_\_\_

COMMITTEE RECOMMENDATION: YES \_\_\_\_\_ NO \_\_\_\_\_ ABSTAIN \_\_\_\_\_

SIGNATURES OF MEMBERSHIP COMMITTEE:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

IF JR, DATE VOTED FROM JR TO ACTIVE PROBATION: \_\_\_\_\_

DATE VOTED OFF PROBATION TO ACTIVE MEMBER: \_\_\_\_\_

**COMMITTEE CHECKLIST:**

(\_\_\_\_) 1. INTERVIEW DATE: \_\_\_\_\_

(\_\_\_\_) 2. CRIMINAL HISTORY SENT FOR ON: \_\_\_\_\_ RECEIVED: \_\_\_\_\_

(\_\_\_\_) 3. DRIVING RECORD SENT FOR ON: \_\_\_\_\_ RECEIVED: \_\_\_\_\_

(\_\_\_\_) 4. BACKGROUND CHECK ON: \_\_\_\_\_ BY WHOM: \_\_\_\_\_

**PLEASE FILL OUT AND RETURN TO PERSONNEL COMMITTEE**

NAME: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

TOWN & STATE: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

TOWN & STATE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE JOINED: \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_ CLASS (ES): \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DOCTOR'S PHONE: \_\_\_\_\_ RESTRICTIONS: \_\_\_\_\_

MEDIC ALERT INFO: \_\_\_\_\_

ALLERGIES TO MEDICATIONS: \_\_\_\_\_

HAVE YOU EVER RECEIVED THE HEPATITIS "B" VACCINATION? \_\_\_\_\_

DENTIST'S NAME: \_\_\_\_\_ DENTIST'S PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LAST TETANUS SHOT: \_\_\_\_\_ ORGAN DONOR: YES \_\_\_\_\_ NO \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

BENEFICIARY: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_

## **NOTICE TO PROPOSED MEMBERS**

Below are the minimum requirements of the Fire Company to remain in active status as well as a rough outline of activities.

**PROBATION PERIOD:** A minimum period of twelve (12) months probation will be served by all new members. A vote of the Company at the end of the twelve months will determine if a member is to be moved to active status.

**TRAINING:** During the first year of membership, the following training is required: Fire Fighter I, First Aid, CPR and AED.

The present minimum requirement is 25% attendance of all meetings, drills and fires.

The business meeting is the first Wednesday of the month at 7:30 p.m. with all members being encouraged to attend.

The Company drills are the second and third Wednesdays of the month and start at 7:00 p.m.

Station Night is the fourth or last Wednesday of the month. Members are encouraged to come help out.

You must attend a new member orientation course within 6 months of joining.

You must attend at least 3 JR / Probie drills within 12 months of joining.

### **FUND RAISERS:**

FALL FIRE PREVENTION OPEN HOUSE / BREAKFAST

PANCAKE BREAKFAST:

- February prior to breakfast, advanced ticket sales are on Wednesday evening with sales starting after dinner at 5:30 p.m.
- Friday evening, set up for breakfast at approximately 7:00 p.m.
- Saturday, help is needed most of the day during actual breakfast and clean up.

While no one is expected to attend all portions of the above activities, all members are encouraged to give their fair share of time to lighten the burden. While all duties are important, it is especially noted that fund raisers are equally as important as fire calls and drills to the well being of the Company. Just as a fire cannot be extinguished by a single person, a fund raiser can not show a profit without promotion.

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Proposed Member's Signature

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Membership Committee Member

**GENERAL RULES AND REGULATIONS  
FOR JUNIOR FIREFIGHTERS OF THE  
DOYLESTOWN FIRE COMPANY NO. 1**

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1. Junior Firefighters shall be subject to all rules and regulations of the Doylestown Fire Company No. 1.
2. Junior Firefighters may not respond to a fire call, be at a fire scene or be on the Fire Company premises between the hours of 10:00 p.m. and 6:00 a.m. except that Junior Firefighters who respond to a fire call before 10:00 p.m. may remain at the fire scene until excused by one acting as Chief of the Fire Company. In addition, a Junior Firefighter may respond 24 hours a day during their summer vacation while attending school.
3. No Junior Firefighter shall be in the basement at any time unless accompanied by an active Fire Company member.
4. Junior Firefighters shall be responsible for arranging transportation to and from a fire scene with due regard for restrictions imposed by law on their driving privileges.
5. Parents or guardians may request the Chief to suspend any Junior Firefighter due to school grades or other reasons.
6. During the school term, the Chief may request school authorities to permit the attendance of Junior Firefighters for emergency duties: NO JUNIOR FIREFIGHTER SHALL RESPOND TO A FIRE CALL DURING SCHOOL HOURS UNLESS SPECIFICALLY REQUESTED BY THE CHIEF UPON APPROVAL BY SCHOOL AUTHORITIES.
7. The Fire Chief will establish education and training requirements for Junior Firefighters. Junior Firefighters must attend Firefighter 1 for Junior's at their earliest opportunity. Fire Fighter 1 is required for Active Membership at age 18.
8. Junior Firefighters are encouraged to attend all Fire Company functions.
9. Junior Firefighters shall be bound by the standard operating procedures of the Fire Company.
10. Upon recommendation of the investigating committee, applicants shall be accepted as Junior Firefighters on motion and vote by the general membership.
11. Immediately upon being accepted as a Junior Firefighter, Junior's shall obtain working papers. No Junior Firefighter shall report for duty until final working papers have been obtained and delivered to the Fire Company.
12. Junior Firefighters shall be required to exercise caution in responding to a fire call with due regard for all provisions of the Vehicle Code.

13. No Junior Firefighter shall be permitted to engage in the following activities:
- A. Operate any truck or other vehicle of the Fire Company.
  - B. Operate any aerial ladder, aerial or hydraulic jack.
  - C. Use rubber electrical gloves, insulated wire gloves, insulated wire cutters, life nets or acetylene cutting units.
  - D. Operate the pumps of any fire vehicle while at the scene of a fire.
  - E. Enter a burning structure.
  - F. Ascend ladders except during training activities.
  - G. No Junior Firefighter shall respond to any emergency on the first responding piece of apparatus.
  - H. No Junior Firefighter will respond on any apparatus on any mutual aid alarm or cover.

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Applicant

I / We hereby certify that we have read and understand the rules and regulations for Junior Firefighters and agree to permit our child to participate as a Junior Firefighter of the Doylestown Fire Company No. 1.

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Parents or Guardians