

ELDRIDGE VOLUNTEER FIRE CO.
INC

ORGANIZED 1904

ELDRIDGE, IOWA
52748

APPLICATION FOR MEMBERSHIP

Protecting lives and property since 1904

WWW.ELDRIDGEFIRE.COM

Revised January 2008

NAME _____

ADDRESS _____

DATE OF BIRTH _____ SS# _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ E-MAIL _____

OCCUPATION _____

WORK ADDRESS _____

NO. OF YEARS _____ SUPERVISOR _____

MARRIED YES / No # DEPENDANTS _____

SPOUSES NAME _____

FIRE SERVICE EXPERIENCE _____

PHYSICAL AILMENTS / DISABILITIES _____

ARE YOU WILLING TO TAKE A PHYSICAL EXAM AS REQUIRED BY THE COMPANY? YES NO

DO YOU REALIZE THAT THE FIRE COMPANY IS NOT A SOCIAL CLUB, AND THAT, AS A MEMBER, YOU WILL BE REQUIRED TO GIVE FREELY OF YOUR TIME TO ATTEND CALLS, MEETINGS, DUTY DAYS, DRILLS, AND WORK ON ON COMMITTEES? YES NO

REFERENCES W/
PHONE NUMBERS

I REALIZE THAT IF _____ IS ACCEPTED FOR
MEMBERSHIP IN THE FIRE COMPANY, HE/SHE WILL BE GIVING PART
OF HIS/HER TIME TO PUBLIC SERVICE. I FURTHER REALIZE THAT
GIVING SOME FORM OF PUBLIC SERVICE IS THE DUTY OF EVERY
CITIZEN AND HEREBY GIVE MY CONSENT TO THIS APPLICATION.

SIGNATURE OF SPOUSE _____ DATE _____

SIGNATURE OF EMPLOYER _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

FOR INTERNAL USE

THE FOLLOWING THREE MEMBERS ARE APPOINTED, AS AN INVESTIGATING
COMMITTEE, TO INVESTIGATE THE APPLICANT'S CHARACTER AND
STANDING IN THE COMMUNITY

MEMBER # 1 _____ DATE _____

MEMBER # 2 _____ DATE _____

MEMBER # 3 _____ DATE _____

SECRETARY SIGNATURE _____ DATE _____

CHIEF SIGNATURE _____ DATE _____

PROBATIONARY MEMBERSHIP ACCEPTANCE DATE _____

REGULAR MEMBERSHIP ACCEPTANCE DATE _____

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THIS FORM MUST BE READ, COMPLETED, AND SIGN FOR EVERY NEW APPLICANT FOR MEMBERSHIP TO THE ELDRIDGE FIRE DEPARTMENT.

THE UNDERSIGNED HEREBY AGREES THAT THE ELDRIDGE FIRE DEPARTMENT HAS PERMISSION TO OBTAIN AND USE ANY OR ALL OF THE FOLLOWING IN DETERMINING MEMBERSHIP STATUS:

- 1) CRIMINAL BACKGROUND INVESTIGATION**
- 2) MOTOR VEHICLE DRIVING REPORT AND RECORD**
- 3) AN INVESTIGATIVE CONSUMER REPORT. THIS REPORT OR INQUIRY INCLUDES INFORMATION OBTAINED THROUGH PERSONAL ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS, OR OTHERS WITH WHOM YOU ARE ACQUAINTED AND TYPICALLY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING**

I DECLARE THAT I HAVE READ THE ABOVE INFORMATION AND FULLY UNDERSTAND SAID INFORMATION.

APPLICANT SIGNATURE _____

CHIEF SIGNATURE _____

PRESIDENT SIGNATURE _____

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NEW MEMBER ORIENTATION

ACCORDING TO THE CONSTITUTION AND BI-LAWS OF THE ELDRIDGE VOLUNTEER FIRE COMPANY, INC., THE FOLLOWING IS EXPECTED OF ALL MEMBERS:

- 1) ATTEND TRAININGS AND MEETINGS ON THE FIRST TUESDAY OF EVERY MONTH**
- 2) ATTEND TRAINING SESSIONS ON THE THIRD TUESDAY OF EVERY MONTH**
- 3) ATTEND OTHER TRAININGS AS SCHEDULED**
- 4) FOLLOW REQUIREMENTS AND ATTENDANCE ON DUTY DAYS**
- 5) IN THE FIRST YEAR OF PROBATIONARY MEMBERSHIP, YOU WILL BE EXPECTED TO KNOW THE FOLLOWING:**
 - 1) LOCATION OF ALL EQUIPMENT**
 - 2) HOW TO USE AN SCBA**
 - 3) PROPER RADIO USAGE**
 - 4) EMERGENCY VEHICLE OPERATIONS**
 - 5) PUMPING OPERATIONS**
 - 6) HOSE LAYS AND REPACKING**
 - 7) PROPER LADDER USAGE**
 - 8) PROTECTIVE CLOTHING REQUIREMENTS**
- 6) READ AND UNDERSTAND THE ELDRIDGE FIRE COMPANY, INC. CONSTITUTION AND BI-LAWS**

I DECLARE THAT I HAVE READ THE ABOVE INFORMATION AND FULLY UNDERSTAND SAID INFORMATION.

APPLICANT SIGNATURE _____

CHIEF SIGNATURE _____

PRESIDENT SIGNATURE _____