



SINCE 1927

# Townsend Fire Company, Inc.

## \* Station 26 \*

### Application Information

Dear Applicant,

Thank you for applying for membership into the Townsend Fire Company, Inc. This letter is to help you better understand what will be expected of you as a member of the Townsend Fire Company. We realize that a lot of time is expected of you at first, however it is the feeling of the membership committee, that this time is necessary for the betterment and safety of the company, the fire service and most of all you. You will receive only what you are willing to put into the fire service and the Townsend Fire Company.

#### **Types of Membership Offered:**

See attached *membership category* sheet.

#### **Benefits:**

- Pension - for members who maintain qualifications
- Blood Bank
- State Tax Credit
- State of Delaware Vanity Tag (for a one-time nominal fee)
- Line of Duty Injury Insurance, Life Insurance and Funeral Benefits
- Free Training
- Special Company Functions

#### **Type of Person Needed:**

People willing to volunteer their time to help the public through FIRE, EMS, and related ADMINISTRATIVE type duties.

The purpose and primary function of the Townsend Fire Company shall be to protect and safeguard lives and property, by doing all within its power to provide firefighting, rescue, and EMS services. Townsend Fire Company also provides mutual aid to other fire companies, emergency organizations and governmental agencies.

All applicants must be interviewed by a majority of the Membership Committee, as the first step in the application process. The applicant will be scheduled for this interview at a time convenient for all parties concerned. Election to membership shall be at the next Company Meeting on referral from the Membership Committee, done by a secret ballot majority vote. If a candidate is defeated for election, they shall not be permitted to reapply for a period of one year. Candidates for election to membership shall not be present at the time of balloting on their application.

All newly elected members are placed on a one-year probationary period. During this time, you are required to maintain an active status and have satisfactorily completed the Delaware State Fire School (DSFS) courses and other requirements as outlined by our BY-LAWS and S.O.P.'s.

By the end of your second year with the company you are required to have completed the Delaware State Fire School courses and requirements as listed by our BY-LAWS and S.O.P.'s.

The general membership meets once a month on, the third Thursday at 19:00 hours (7:00 pm), in the fire hall. All members are required to attend these meetings, unless excused by the PRESIDENT or SECRETARY. Acceptable excuses are:

- Working
- Sick/Family Emergency

All non-probationary members that achieve active status are permitted to vote on all company business. Probationary members have no say on company issues.

Townsend Fire Company operates under a point system to determine if a member has achieved active status. To obtain active status, be eligible for the pension plan and vote you must meet all point system requirements. The year starts at 00:01 hrs December 1<sup>st</sup> and ends 24:00 hrs November 30<sup>th</sup> of the following year. Points are awarded as outline by our BY-LAWS.

Point totals are posted monthly.

Membership dues for non-active members are \$20.00 per year.

We realize that we take a lot of your personal time from your family, and we also realize the need to show appreciation to both you and them. We have an annual banquet dinner that you and a guest may attend and other numerous dances functions that are free or have reduced pricing for our members. These are just a few of the ways we intend to show our thanks and gratitude.

We would like to again, take this opportunity to Thank You for applying for membership with Townsend Fire Company, Inc. and wish you luck in your endeavor to becoming a member in one of the proudest organizations in the country.

THE PRESIDENT, CHIEF AND MEMBERS  
OF TOWNSEND FIRE COMPANY

## Membership Categories

<u>Active Crew</u> Article 4 Section 4.4	<u>Active Social</u> Article 4 Section 4.8	<u>EMS Active</u> Article 4 Section 4.7
<ol style="list-style-type: none"> <li>1. Receives points for pension and voting.</li> <li>2. Receives points through fire and ambulance alarms, meetings, committees, and all points activities.</li> <li>3. May hold any office qualified for.</li> <li>4. Must complete 6-hour indoctrination.</li> </ol>	<ol style="list-style-type: none"> <li>1. Receives points for pension and voting.</li> <li>2. Receives points through all points activities, <i>except</i> fire and ambulance alarms. Does not respond to alarm scene.</li> <li>3. May hold any administrative office. Must have completed 5yrs. of active crew status to serve as President or Board of Directors.</li> <li>4. Fire school is not required except, non-use 6-hour indoctrination within 30 days of membership acceptance.</li> </ol>	<ol style="list-style-type: none"> <li>1. Receives points for pension and voting.</li> <li>2. Receives points through fire and ambulance alarms, meetings, committees, and all points activities.</li> <li>3. Maintain EMS Certification.</li> <li>4. Attend ½ of EMS training sessions.</li> </ol>
<u>Non-Active</u> Article 4 Section 4.12	<u>Honorary</u> Article 4 Section 4.9	<u>Administrative Restricted</u> Article 4 Section 4.10
<ol style="list-style-type: none"> <li>1. Receives no points.</li> <li>2. \$20.00 per year dues.</li> <li>3. Going from active to non-active freezes active time for the next 2 years.</li> <li>4. Not entitled to any privileges or benefits of active members. Cannot attend meetings or serve on any committees.</li> </ol>	<p>Bestowed upon individuals who gives special services to the Townsend Fire Company or Fire / EMS Community. Must be approved by the Board of Directors.</p>	<ol style="list-style-type: none"> <li>1. Receives no points.</li> <li>2. Joins to work administrative side only. Not required to attend fire schools. Cannot vote on company floor.</li> <li>5. Can hold offices of Treasurer or Secretary only, by the appointment of the President in special cases.</li> </ol>

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SINCE 1927

# Townsend Fire Company, Inc.

## \* Station 26 \*

### Membership Application

Date of Application: \_\_ - \_\_ - \_\_\_\_

Active Crew \_\_ Active Social \_\_ EMS Active \_\_ Non-Active \_\_ Administrative Restricted \_\_

Applicant Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (P.O. Box No.)  
\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

S.S. Number: XXX - XX - \_\_\_\_

Date of Birth: \_\_ - \_\_ - \_\_\_\_

Do you live within the Townsend Fire Company district? \_\_ Yes \_\_ No

Are you presently employed? \_\_ Yes \_\_ No

Name of Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

What type of work do you do? \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_

Name of College or Other: \_\_\_\_\_ Years Attended: \_\_\_\_

Have you ever applied for a membership with Townsend Fire Company? \_\_ Yes \_\_ No

Have you ever been a member of any other Fire Company or Rescue Squad? \_\_ Yes \_\_ No

-- If Yes, Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (P.O. Box No.)  
\_\_\_\_\_  
(City) (State) (Zip)

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

How long were you a member? \_\_\_\_ Years Starting: \_\_\_\_ - \_\_\_\_ Ending: \_\_\_\_ - \_\_\_\_

What offices did you hold? \_\_\_\_\_

What was the reason you left the other company? \_\_\_\_\_

Are you presently a National Registered EMT-Basic? \_\_\_ Yes \_\_\_ No

-- If Yes, what is the expiration date on your card: \_\_\_ - \_\_\_ - \_\_\_\_

List any fire, rescue, or emergency care training courses that you have completed:

<u>Course Name</u>	<u>Date</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please explain why you would like to become a member of Townsend Fire Company:

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Do you understand, that if elected to membership, you will be serving a probationary period of one-year? \_\_\_ Yes \_\_\_ No

Do you understand that there will be some requirements that you must fill, during this probationary period? \_\_\_ Yes \_\_\_ No

Are there any reasons that you may be unable to fulfill the requirements of your probationary period in the membership category you have chosen (see page 3)? \_\_\_ Yes \_\_\_ No

-- If Yes, why? \_\_\_\_\_

**List Any Members of Townsend Fire Company Who You Know:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**List 3 References Other than Family Members:**

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| Name     | Name     | Name     |
| _____    | _____    | _____    |
| Address  | Address  | Address  |
| _____    | _____    | _____    |
| Phone    | Phone    | Phone    |

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (P.O. Box No.)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Insurance Beneficiary Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (P.O. Box No.)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Please Read The Following Paragraph Before Signing This Statement:**

I affirm that this application contains no willful misrepresentations or falsifications and that information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time, disclose any such misrepresentation or falsification, my application will be rejected. I, the undersigned, do hereby authorize the Townsend Fire Company, Inc., to conduct an in-depth background investigation on me. I authorize any police agency, school, service, business, doctor individual or association to release any pertinent information which would assist the Townsend Fire Company, Inc. in evaluating my character and qualifications. Also, in signing below, I hereby state that at any time in the future I will permit the Townsend Fire Company, Inc. to obtain from me my fingerprints, I also release any and all aforementioned sources from any responsibility, present or future, in imparting this information.

*Please understand that background checks will be provided by State Agencies as mandated by State Laws.*

<b>Junior Member (or under 18)</b>	
<b><u>Parent/Guardian Please Sign:</u></b>	
I give my consent for _____, as their legal parent / guardian to participate in the activities of the Townsend Fire Company, Inc.	
____ - ____ - _____	_____
(Date)	(Signature)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Current Member's Signature

\_\_\_\_\_  
Current Member's Signature

We would like to take this opportunity to thank you for your interest in becoming a member of the Townsend Fire Company. You will be notified by the membership committee, regarding when your interview will be held.

**FOR OFFICE USE ONLY... DO NOT WRITE ON THIS PAGE**

Date of Interview:    \_\_ - \_\_ - \_\_\_\_

Time of Interview:    \_\_ : \_\_  \_\_ am  \_\_ pm

Interviews Signatures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation of the Membership Committee: \_\_ Favorable  \_\_ Unfavorable

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dues Paid:  \_\_ Yes  \_\_ No

Date of vote:  \_\_ - \_\_ - \_\_\_\_

Results:                      
          YES        NO



Number of Tags Issued: \_\_\_\_\_

TO: ALL ACTIVE MEMBERS WITH GEAR  
FROM: TFC GEAR OFFICER  
RE: P.A.S.S. ID TAG SYSTEM

**Please fill out all information to the best of your knowledge.**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_ - \_\_ - \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

Blood Type: \_\_\_\_\_ Normal Pulse: \_\_\_\_\_

Normal Blood Pressure: \_\_\_\_\_

Known Medical Condition: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_