

APPLICATION FOR MEMBERSHIP

ELDRIDGE VOLUNTEER FIRE COMPANY INC

ORGANIZED 1904

ELDRIDGE, IOWA
52748

Eldridge Volunteer Fire Dept
120 North 2nd Street
P.O. Box 37
Eldridge, Iowa 52748
Non-Emergency 563-285-9827

Protecting lives and property since 1904

www.eldridgefire.com

This application must be completed and signed for every new applicant for membership to the Eldridge Volunteer Fire Company Inc.

The undersigned hereby agrees that the Eldridge Volunteer Fire Company Inc. has permission to obtain and use any or all 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, and personal characteristics.

I declare that I have read the above information and agree to the background inquiries.

Signature _____

Date _____

Membership Eligibility Requirements

1. Applicants must be at least 19 years old
2. Live and/or Work in the Eldridge Fire District
3. Respond to a minimum of 10% of calls to maintain membership

Membership Orientation and Training

1. Attend trainings and meetings on the first Tuesday of each month
2. Attend training sessions on the third Tuesday of each month
3. Attend other trainings as scheduled
4. Attendance on duty days
5. The first year of probationary membership you will be trained and expected to know the following:
 - a. Location of equipment
 - b. Cardiopulmonary Resuscitation (CPR)
 - c. Assist with Medical emergencies
 - d. Assist with motor vehicle accidents
 - e. Proper use of a SCBA
 - f. Proper radio usage
 - g. Emergency vehicle operations
 - h. Pumping operations
 - i. Hose lays and repacking
 - j. Proper ladder usage
 - k. Protective clothing requirements
6. Uphold the Eldridge Fire Company, Inc. Constitution and Bi-Laws

ELDRIDGE VOLUNTEER FIRE COMPANY INC

Name _____

Address _____

City/State _____

Zip _____

Cell Phone _____ Work _____

Email _____

Date of Birth _____ SS# _____

Occupation _____

Work Address _____

City/State _____

Zip _____

Emergency Contact

Name _____

Address _____

City/State _____

Zip _____

Cell Phone _____ Work _____

Emergency Contact

Name _____

Address _____

City/State _____

Zip _____

Cell Phone _____ Work _____

ELDRIDGE VOLUNTEER FIRE COMPANY INC

References with phone numbers

Ref #1 _____

Ref #2 _____

Ref #3 _____

Your signature is proof the information in this application is to the best of your knowledge accurate and truthful

Signature _____ Date _____

Internal Use Only

Membership Committee

Member #1 _____ Date _____

Member #2 _____ Date _____

Member #3 _____ Date _____

Secretary _____ Date _____

President _____ Date _____

Chief _____ Date _____

Probationary Membership Acceptance Date _____

Full Membership Acceptance Date _____