

# ***WELCOME TO THE ATHENS TOWNSHIP VOLUNTEER FIRE COMPANY***

The Objectives of this company shall be to own and maintain such equipment as is necessary to fight fires and aid in the preservation of human life and real estate property in Athens Township and adjacent areas when duty calls. Also to encourage and promote moral, mental and fraternal development among its members and to enter into spirit of friendly cooperation with neighboring fire companies.

The membership year shall begin January 1<sup>st</sup> of each year.

## **Type of memberships:**

### ***A) Active Member:***

A member 18 years and older and is in good standing who has been accepted by the company and meets the following requirements:

- 1) The active member must be a resident of Athens Township, Athens Borough, Litchfield Township, Sayre Borough, South Waverly Borough, Ridgebury Township, Smithfield Township, Ulster Township, Sheshequin Township, Village of Waverly and Town of Chemung.
- 2) The active member will be able to vote on new members and other company matters as they come up at a regular meeting.

### ***B) Social Members:***

They shall be a resident of Athens Township or any neighboring community. Dues must be paid to date. They shall not be permitted to take part in fire fighting or emergency activities. They shall be permitted to vote for but cannot hold company office. They shall be able to take part in all social functions of this company.

### ***C) Active Dual Company Members:***

- 1) A person who is a member of either Protection Hose Co No 1 or Diahoga Hose Co No 6 of the Athens Boro Fire Department and the South Waverly Fire Department may become a member of the Athens Township Volunteer Fire Company after that member has been a member of either Fire Company for a period of one year.
- 2) A person desiring to become a member of the Athens Township Volunteer Fire Company who is already a member of either Athens Boro Fire Department or South Waverly Fire Department must submit an application, obtain a letter of recommendation from the Fire Chief of the Athens Boro Fire Department or the South Waverly Fire Department, and pay all required fees.
- 3) Final acceptance shall be by the Athens Township Volunteer Fire Company's Membership Committee.
- 4) A member of either of the Fire Companies of the Athens Boro Fire Department or the South Waverly Fire Department may apply to join as any type of member allowed any other limitations of these by-laws, but cannot hold a Line Office or Company Office. These members can vote for Line Officers or Company Officers.

### ***D) Fire Police Unit:***

- 1) A member of the Fire Police must be an ACTIVE member of the Athens Township Volunteer Fire Company in good standing and approved by the Company.
- 2) Approved by the Fire Police Captain.
- 3) Approved by the Athens Township Board of Supervisors.
- 4) Sworn in by the District Justice, Notary or the Chairman of the Athens Township Board of Supervisors. Note: Only a District Justice or Notary are legally able to stamp/authenticate the Fire Police Oath.

### ***E) Junior Fire Members:***

They are members between the ages of sixteen (16) and eighteen (18) and/or still in high school. Child Labor Laws states that they must have working papers. They shall be subject to all rules and regulations relating to their membership as adopted by the Fire Board.

Any member in good standing shall propose a new member. The candidate's application shall be read at the regular company meeting. Then the application will go to the membership committee. You will be contacted for an interview. This application shall be signed by (2) two members of the membership investigating committee. The application is then returned to the company to vote upon, and receive a 2/3<sup>rd</sup> majority vote by members present. The vote shall be hand written ballot. *This application for membership must be accompanied by (15) fifteen dollars.* Yearly dues are (5) five dollars annually, the initial (15) fifteen dollars includes first year of dues.

Attach *check or money order*, please do NOT send cash, and mail application to:

Athens Township Volunteer Fire Company  
Attn: Membership Committee  
211 Herrick Ave  
Sayre PA 18840

The Company's Secretary will make notification. Once approved, you will be issued an accountability tag number. You must have your tags with you when you go out on a call.

**Black Tag:**

To be placed on the appropriate apparatus when on scene.

**Red Tag:**

Every one has a red tag to start out. This tag is kept on you at all times.

The other tag will be assigned to you as you go through your training.

**Yellow Tag:**

You have been trained to do anything but go into burning buildings.

**Green Tag:**

This tag shows that you have been trained to go inside of buildings.

**Upon Completion of a (6) Month Probationary Period, you will be rated by Company Officers for Attendance to classes, participation in company affairs and attitudes.**

***“PROUDLY PROTECTING OUR NEIGHBORS”***

**Applicant: Please Keep Pages 1 & 2 for your information**

If you are accepted as a member of ATVFC you will receive our New Member Welcome Kit that includes our company By-Laws, House Rules, etc. along with an ATVFC t-shirt.

*Thank You!!*

**The Membership Committee...**

Athens Township Volunteer Fire Company

**ATHENS TOWNSHIP VOLUNTEER FIRE COMPANY**

*Application for Membership*

*(Please Print Clearly)*

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

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Your Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

References (Other Than Relatives) Name, Address, Phone#. **MUST HAVE (3) THREE!**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

When offered, will you attend Schools dealing in Fire Fighting or Related Training? Yes or No (circle one)

Have you ever been convicted of any Misdemeanor or Felony Crimes? Yes or No (circle one)

**If Yes, Explain:** \_\_\_\_\_

\_\_\_\_\_  
(Use Additional Paper if Necessary)

**Driver License Information:**

Operator's Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Class: \_\_\_\_\_

Have you ever been Convicted of "any" Traffic Violations Yes or No (circle one)

If Yes, Explain: \_\_\_\_\_

\_\_\_\_\_  
(Use Additional Paper if Necessary)

**\*Social Security Number is not needed on application. However all Active or Dual members must give this for insurance coverage to the secretary. This information is kept confidential and secure.**

**ATHENS TOWNSHIP VOLUNTEER FIRE COMPANY**

***Application for Membership (con't)***

Type Of Membership Applying for: (Check Appropriate Category) (Check only One)

- a)  Active Member
- b)  Active Dual Company Member
- c)  Social Member
- d)  Junior Firefighter
- e)  Fire Police (Must be an Active Member First)

*I am a Citizen of this Country and of Good Character and Good Standing: Yes/No (please circle)*

*I have not been involved in or responsible for any acts of arson previously: Yes/No (please circle)*

*If No, please explain: \_\_\_\_\_*

**I Hereby Certify that "ALL" of my statements are true and correct contained within this application.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Endorsed By: \_\_\_\_\_**

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**FOR OFFICIAL USE ONLY!**

**BACKGROUND CHECK**

Background Check by Police Dept: Yes \_\_\_ No \_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Driving Record Sent For: Yes \_\_\_ No \_\_\_ Agency: \_\_\_\_\_ Officer : \_\_\_\_\_

**MEMBERSHIP INVESTIGATION COMMITTEE**

Membership Committee Findings: Favorable \_\_\_\_\_ Un-Favorable \_\_\_\_\_

Remarks: \_\_\_\_\_

Committee Members: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**COMPANY APPLICATION STATUS**

1) Initial Reading of Application: Date: \_\_\_\_\_ Secretary: \_\_\_\_\_

2) Waiting Period: \_\_\_\_\_

3) First Vote: Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Secretary: \_\_\_\_\_

4) End Of (6) six Month Probation: Date: \_\_\_\_\_ Secretary: \_\_\_\_\_

5) Special Vote: Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Secretary: \_\_\_\_\_

**ATHENS TOWNSHIP VOLUNTEER FIRE COMPANY**

*Application for Membership (con't)*

**AUTHORIZATION AND WAIVER**

I hereby authorize the release by any person, corporation, organization, agency or law enforcement agency, of any information requested, to the Athens Township Volunteer Fire Company, The Athens Township Police Department or to any person or agency designated by the Athens Township Volunteer Fire Company. I further release the provider of information from any and all liability whatsoever for providing said information.

I understand and acknowledge that any information obtained as a result, this release may be disseminated to the Executive Committee of the Athens Township Volunteer Fire Company and to it's voting members and hereby authorize the release of the information to the Executive Committee and the voting membership. With my signature below I waive any rights I may have to limit, prohibit said dissemination, and release all parties involved from any liability what so ever for any actions or inactions in the release and dissemination of the information.

I understand and acknowledge that I will be notified, in writing, of any information of a criminal history that will be presented and that I may, if I choose, comment, in writing, on the criminal history information to the Executive Committee.

***I DO HEREBY SIGN THIS WAVER VOLUNTARILY AND WITHOUT DURESS.***

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_  
Name Printed (Full Name)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name Printed

\_\_\_\_\_  
Date Signed

**ATHENS TOWNSHIP VOLUNTEER FIRE COMPANY**

**“Confidential” New Member Information**

**Please note that Social Security Number is required if membership is approved for insurance reasons and is highly confidential!**

**Member Information:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S.N. \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Pager# \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Drivers License: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class: \_\_\_\_\_

Fire Certification# \_\_\_\_\_ EMS Certification# \_\_\_\_\_ Cert Level: \_\_\_\_\_

**Emergency Contact Information #1:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Pager# \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

**Emergency Contact Information #2:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Pager# \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_

**Emergency Contact Information #3:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Pager# \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Employer: \_\_\_\_\_