

STRASBURG FIRE COMPANY # 1 FACILITY RENTAL APPLICATION

NAME PHONE # DATE

ADDRESS STATE ZIP CODE

SPECIFIC ROOM(S) DATE AND TIME DESIRED

RENTAL CONDITIONS (This is a Smoke-Free Facility)

1. No Alcohol of any kind is permitted in/on the facility.
2. No scotch tape permitted on painted surfaces or ceiling tile.
3. No masking tape permitted on ceiling tile.
4. No duct tape permitted on any painted surface or ceiling tile.
5. No scotch tape or pins/tacks/staples permitted on the folding partition.
6. Music should be played at a level not to disturb the neighborhood.
7. Teenagers/children are to be supervised by adults at a ratio of 1:10 adult to children.
8. No standing on tables or chairs.
9. The only kitchen equipment permissible for use includes refrigerator, freezer, gas stove and oven, microwave, and coffee pots. All other equipment is off limits.
10. Payment for the facility is expected prior to the event with a \$100 security deposit due at the time of reserving the facility.
11. Facility will be inspected after the scheduled event for any damages or debris left at the site. Renter will be assessed a fee for any damages occurring during the rental period that are detected during this inspection. The \$100 security deposit will be returned if there are no damages or debris detected.
12. The engine room and fire equipment stored there is off limits to any renter.
13. Please park in the designated areas to the rear of the building and west side of the building. The spaces on the east side are reserved for responding fire fighters. Overflow parking is available across the street in the gravel parking lot.
14. Renter/organization shall hold harmless Strasburg Fire Company # 1 for any legal action resulting from any injury occurring to participants while renting the facility.

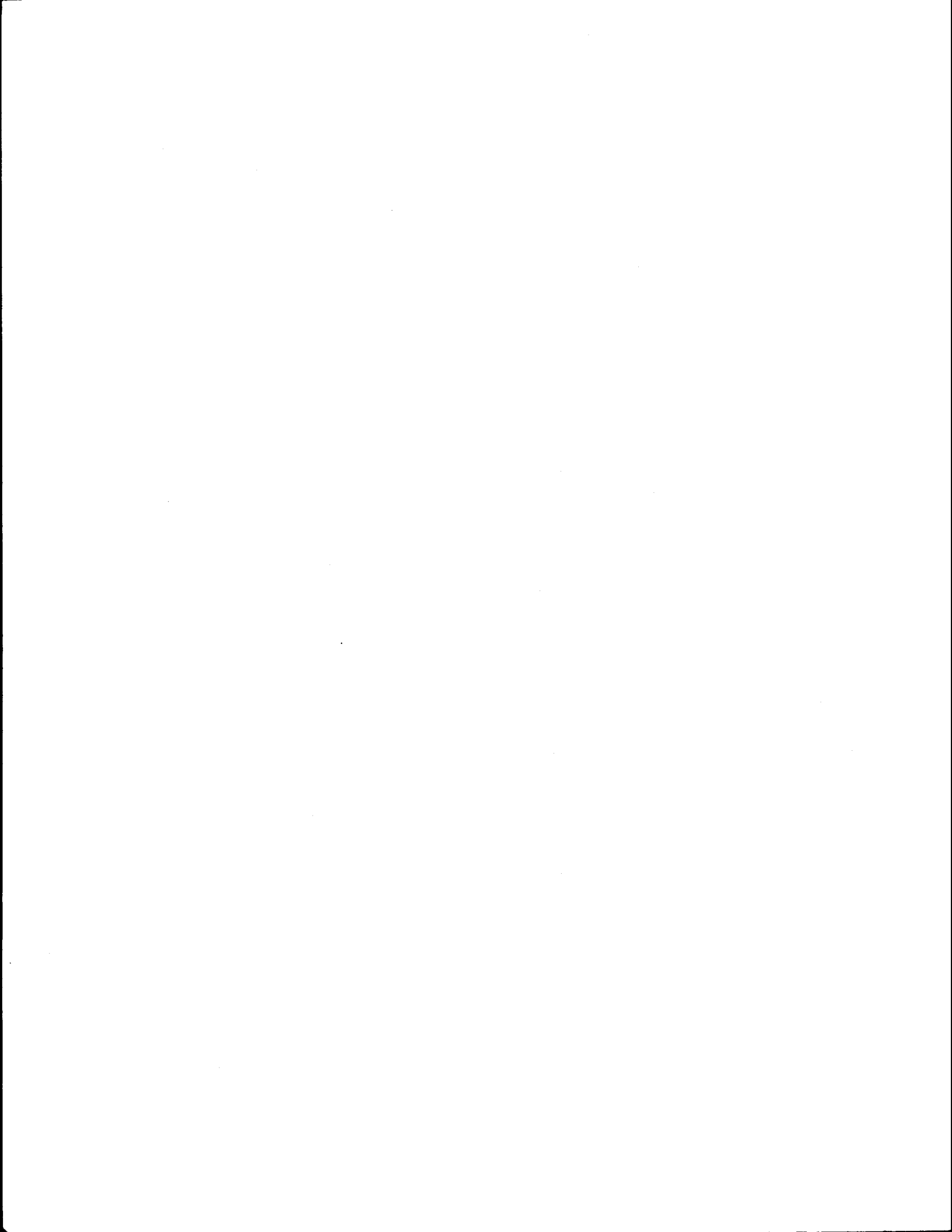
I/we have read the above rental conditions and agree to be bound by those conditions.

Renter Signature

Date

Fire Co. Representative Signature

Date



Member of
Pennsylvania State
Firemen's Association

Strasburg Fire Company

No. 1

46 WEST MAIN STREET
POST OFFICE BOX 64
STRASBURG, PENNSYLVANIA 17579-0064

MEETS FIRST THURSDAY OF EACH MONTH

ORGANIZED — MAY, 1933

Member of
Lancaster County
Firemen's Association

RENTAL FEE SCHEDULE

FIRE STATION

- COMMUNITY ROOM – ENTIRE ROOM \$ ⁵175.00
~~150.00~~
 - COMMUNITY ROOM – HALF OF ROOM \$ 75.00
 - SMALL MEETING ROOM \$ 50.00
 - KITCHEN \$ 75.00
- A Representative of Food Service Committee must be present

~~TABLES~~

~~\$ 10.00 per table~~

CHAIRS

- 0-15 \$ 10.00
- 15-50 \$ 25.00
- 50-100 \$ 50.00
- 100-150 \$ 100.00

NO ALCOHOLIC BEVERAGES OR DISTILLED SPIRITS ARE PERMITTED ON OR IN THE FACILITY AT ANY RENTAL FUNCTION OR ANY OTHER FUNCTION SPONSORED BY THE FIRE COMPANY OR AUTHORIZED BY THE FIRE COMPANY.



STRASBURG FIRE COMPANY No. 1

Check position applied

Firefighter ___ Junior Firefighter ___ Fire Police ___ Associate Member ___

Personal Information

Name _____ Date _____
Last First Middle Initial

Social security number: _____ - _____ - _____ Age: _____ Sex: Male / Female

Address: _____
Street City State Zip

Phone Number: home _____ Business _____

Date of Birth _____ Height _____ Weight _____ Hair color _____ Eye color _____
Marital Status _____ Number of Children _____

List any relative or acquaintances who are members of this company: _____

Vehicle Operators License Number _____ State _____

Vehicle Make: _____ Model _____ Color _____
Year _____

Vehicle License Number _____ State _____

Truck Driving Experience _____

Criminal Record: YES NO

Explain _____

EMPLOYMENT

Business Name _____ Position _____ Work Hours _____

If under age of 18 years of age do you have working papers? Yes No

Available to respond during work? Yes No

Experience

Ever held membership in other Fire Companies ? YESNO Are you currently Active? YES NO

List Companies and years and any positions held _____

STRASBURG FIRE COMPANY No. 1

U.S. Military Service _____ Rank _____ Discharged: Honorable Dishonorable
circle one

Present Membership in National Guard or reserve Forces? _____

References:

| Name | Address | Telephone | Years Acquainted |
|----------|---------|-----------|------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Indicate Any Restrictions: (Check all that apply) Hearing _____ Vision _____ Speech _____ Heart _____ Back _____

High Blood Pressure _____ Epilepsy _____ Diabetes _____ Nervous Disorder _____

Physician's Name _____ Address _____ Phone Number _____

Any Physical Limitations:(list) _____

Blood Type _____ Emergency Contact _____

Name Address Phone Number

I AUTHORIZE INVESTIGATIONS OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR REJECTION FROM THE STRASBURG FIRE COMPANY No. 1

JUNIOR FIREFIGHTERS: APPLICATION IS NOT CONSIDERED COMPLETE UNLESS THE STRASBURG FIRE COMPANY No. 1 HAS A COPY OF WORKING PAPERS

Date _____ Signature of Applicant _____

Application disposition

Name _____
(Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

Recommended For Membership _____ Rejected For Membership _____ Date _____

STRASBURG FIRE COMPANY No. 1

U.S. Military Service _____ Rank _____ Discharged: Honorable Dishonorable
circle one

Present Membership in National Guard or reserve Forces? _____

References:

| Name | Address | Telephone | Years Acquainted |
|----------|---------|-----------|------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

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Date _____ Signature of Applicant _____

Application disposition

Name _____
(Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

Recommended For Membership _____ Rejected For Membership _____ Date _____

President / Chief _____
(Signature)

Beneficiary Card: _____

STRASBURG FIRE COMPANY No. 1

Check position applied

Firefighter ___ Junior Firefighter ___ Fire Police ___ Associate Member ___

Personal Information

Name _____ Date _____
Last First Middle Initial

Social security number: _____ Age: _____ Sex: Male / Female

Address: _____
Street City State Zip

Phone Number: home _____ Business _____

Date of Birth _____ Height _____ Weight _____ Hair color _____ Eye color _____
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Vehicle Make: _____ Model _____ Color _____
Year _____

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Truck Driving Experience _____

Criminal Record: YES NO

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EMPLOYMENT

Business Name _____ Position _____ Work Hours _____

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Available to respond during work? Yes No

Experience

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List Companies and years and any positions held _____

List any Training and Experience (Fire , Rescuc , Truck ops, Ems) Dates and hours
