



Carlisle Fire Company Inc.

PO Box 292 – 615 NW Front St Milford De 19963

Phone (302)422-8001 Fax (302)422-2146 Web: www.carlisle42.com

Office of the Fire Chief

Ride-A-Long Application

Date: _____

Name: _____

Address: _____

Telephone: _____

Emergency Contact Phone Numbers

Number

Person and Relationship

1. _____

2. _____

3. _____

Allergies and medical needs: _____

Fire Department membership of: _____

Member since: _____

Completed Structural Firefighting (YES) (NO)

I, the undersigned, agree to abide by the rules and regulations of the Carlisle Fire Company during my "ride-a-long" privileges.

Applicant signature: _____

The above named applicant is an active member with the _____ Fire Company, is in good standing, and is also covered by the Mutual Relief policy, and has my permission to participate in firefighting activities with the Carlisle Fire Company

Date: _____

Home Company Fire Chief: _____

Signature

The above named applicant has been approved for ride-a-long privileges with the Carlisle Fire Company. Such privileges shall be effective until otherwise changed by the current Fire Chief.

Date: _____

Carlisle Fire Chief: _____

Signature