**Contact Us**

President Robert Conklin- (570)-280-9002 ​

Fire Chief Chad Wallace- (570)-442-1107​

Assistant Chief Kevin Callender- (570)-442-1502​

Assistant Chief Michael Frye- (570)-952-2664​

EMS Captian Kim Wallace- (570)- 442-1038​

EMS LT. Tim Delaney- (570)- 352-5101

**Join Our Team**

THOMPSON HOSE COMPANY PO BOX 419 53 Water St. THOMPSON PA 18465 APPLICATION FOR MEMBERSHIP

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No.:\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date if Birth:\_\_\_/\_\_\_/\_\_\_\_\_

City/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone

Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_

Exp. Date:\_\_\_\_\_\_\_\_\_ Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Working:\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ Previous or Present Emergency

Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position or Rank Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Long:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain briefly why you wish to join Thompson Hose Company, Inc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list two personal references other than immediate family members:

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

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

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand Thompson Hose Company, Inc. will verify any and all information supplied by me on this application for membership. In addition I understand that if there is any question the Thompson Hose Company my request a Criminal Background Check and/or Child Abuse Clearances at the fire companies expense. All information supplied on this application is true and accurate to the best of my knowledge. I understand that any falsified information supplied on this application for membership may be cause for immediate rejection of this application. The annual membership dues are $5.00 per year. The first years dues MUST accompany this application. Should this application for membership be rejected, the dues received with this application are refundable.

Membership applied for: \_\_\_\_\_ACTIVE \_\_\_\_\_CONTRIBUTORY \_\_\_\_\_ASSOCIATE \_\_\_\_\_ Auxiliary

First years dues attached: \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Sponsor 1 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE FILLED IN BY THOMPSON HOSE COMPANY, INC.

Application Status: \_\_\_\_\_

Accepted \_\_\_\_\_

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

Committee Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Find us or contact us at:**

**Facebook: Thompson Hose Comapny**

**Email:**[**Thompsonhoseco@hotmail.com**](mailto:Thompsonhoseco@hotmail.com)

**Fire Station: 570-727-2431**

**Emergency Call: 911**

Thompson Hose Company is a Vol. Fire Dept. EST.1935

Thompson Hose Co. is located in Borough of Thompson, Susquehanna County Pa.

Thompson Hose Company provides Fire and EMS services to 7 boroughs/townships within Susquehanna and Wayne County.