



Tri-Hampton Rescue Squad

140 Township Road, P.O. Box 659
Richboro, Pa 18954
(215) 357-0473
membership@tri-hampton.org

Name of the Applicant: _____

To the individual completing this form;

The person whose name appears above has applied for membership in the Tri-Hampton Rescue Squad. The membership Committee would appreciate your taking a few minutes to complete the questions listed below in as specific, detailed and candid manner as possible, noting in particular incidents that illustrates his/her maturity purposefulness or initiative. This information will be kept in strict confidence. Thank you.

Name of the individual completing this form _____
Address _____
Organization _____

Your comments will be an important factor in the committee's decision.

1. How long have you known the applicant? _____
2. Under what circumstances have you known the applicant?

3. What do you consider his/her most outstanding talents or characteristics?

4. What are his/her chief liabilities or weaknesses?

5. Tri-Hampton Rescue Squad would appreciate any additional statements you may wish to make concerning the applicant. _____

6. I strongly recommend that the applicant should be accepted into Tri-Hampton Rescue Squad.
 I recommend that the applicant should be accepted into Tri-Hampton Rescue Squad.
 I recommend with reservation that the applicant should be accepted into Tri-Hampton Rescue Squad.
 I do not recommend that the applicant should be accepted into Tri-Hampton Rescue Squad.

Signature _____ Date _____

Thank you for providing this information.