



Application to Join the Bucks County Firefighter and EMS Memorial Honor Guard

This is an application for consideration to join the Bucks County Fallen Firefighter and EMS Memorial Honor Guard. All volunteer and career members of Bucks County Fire Service and EMS organizations are eligible to apply.

The mission of the Bucks County Firefighter and EMS Memorial Honor Guard is to honor the memory of Bucks County firefighters and EMS providers along with their accomplishments and lifelong commitment to community service. We will endeavor to provide comfort, support, and strength to their surviving family members, and ensure that their service and sacrifice is never forgotten.

In applying to be considered as a member of the Bucks County Firefighter and EMS Memorial Honor Guard it's important that you understand that because of the nature of the activities that the Honor Guard will be involved in, you will held to a very high standard. The foundation of this standard will be built upon the concepts of duty, honor, integrity, and sacrifice.

Members of the Honor Guard will be expected to participate in memorial ceremonies, funerals and other events that are in keeping with the mission statement above. Applicants must be able to handle the sometimes demanding physical requirements of the position such as marching or carrying a casket. Each team member will also be required to maintain a professional image through both their conduct and appearance.

Once you have completed the application, please mail it to:

Dave Hathaway 5085 Raintree Court
Doylestown, PA 18902

Or can scan in the completed application and e-mail it to: ffhathaway@msn.com.

If you have any questions regarding the honor guard, the application, or the selection process, contact Dave Hathaway at (215) 431-7397 or ffhathaway@msn.com.



Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Fire Company or EMS Squad Affiliation: _____

How long have you been with this organization? _____

Name of Fire Chief or EMS Chief of Operations: _____

Fire Company or EMS Squad Affiliation: _____

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Do you have any Honor Guard and Color Guard experience? If so please explain: _____

Do you have any military experience? If so please explain: _____

Have you ever been convicted of a crime? If so please explain: _____



Why do you want to be considered to serve on the honor guard? _____

What additional skills do you have that would benefit the honor guard? _____

List three references with contact phone numbers and e-mail addresses.

Applicants Signature: _____ Date: _____

Primary Fire Chief or EMS Chief of Operations to complete this section.

Is the individual on this application a member or employee in good standing with your organization?

Do you recommend this individual to become a member of the Bucks County Firefighter and EMS Memorial Honor Guard? _____

If the individual listed on this application is accepted as a member of the honor guard, they will be asked to participate in training, memorial events and funerals. By participating in these events they will not only represent the Honor Guard, the County, but your organization as well. Do you hereby authorize the applicant to represent your organization by joining the honor guard? _____

Signature of Chief _____ Date: _____