



**CLAYMONT FIRE COMPANY**  
**3223 PHILADELPHIA PIKE**  
**CLAYMONT, DE 19703**  
**302-798-6309**

## **APPLICATION FOR MEMBERSHIP**

1. Applications are accepted anytime. However, new members are only voted in to the company in February and August. Exceptions made at the request of the Chief's Office.
2. Applicants must be at least 16 years old when voted in as a Probationary Member. Individuals under the age of 18 years old MUST have written consent of from their parent(s) or guardian(s)
3. A member of the Claymont Fire Company Investigating Committee will contact the applicant to schedule an interview. The interview will include the parent(s) or guardian(s) for individuals under 18 years old.
4. Applicants must obtain a criminal background check from the Delaware State Police. The cost of this background check is initially at the applicant's expense. This cost is refunded by the Claymont Fire Company upon completion of the applicant's probationary period.
5. Applicants must provide a copy of their valid driver's license and copy of their driving record. Driving records can be obtained at any DMV location for a fee.
6. The willful withholding of or making false statements in this application will constitute grounds for immediate rejection of the application or dismissal at a later date when discovered.
7. All applicants must agree to these terms and certify that all statements are true to the best of their knowledge. Your signature on this application indicates that you have read and understand such agreement.
8. Please print legibly or type.
9. Return completed applications to the address above or email to: [cfmembership13@gmail.com](mailto:cfmembership13@gmail.com)
10. If you have any questions, please contact any member of the Investigating Committee.

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**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

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*For Membership Investigating Committee Use Only:*

*Date Application Received:* \_\_\_\_\_

*Contacted By:* \_\_\_\_\_

*First Reading:* \_\_\_\_\_

*Interview Scheduled:* \_\_\_\_\_

*Background Check Received:* \_\_\_\_\_

*Second Reading:* \_\_\_\_\_

*6 Month Review:* \_\_\_\_\_

*12 Month Review:* \_\_\_\_\_

**Dear Prospective Member,**

Thank you for your interest in becoming a volunteer member with the Claymont Fire Company. Becoming a volunteer member of our organization will bring you great satisfaction, excitement and create lifelong friendships. Becoming a volunteer member of our organization will take serious commitment, determination and dedication. This decision should not be taken lightly. We hope that you feel compelled to join and become a part of our organization. We would like to take this time to thank you for taking your time to consider joining Claymont Fire Company, and please do not hesitate to contact us should you have any questions or concerns.

Below you will find some of the membership benefits and an application link for download. If you should decide to start your adventure with membership to Claymont Fire Company, please return the completed application to the firehouse or mail to the following:

Claymont Fire Company  
3223 Philadelphia Pike  
Claymont, Delaware 19703  
Attention: Membership Committee

Sincerely,

Membership Committee  
Claymont Fire Company

**Training**

All training you receive is paid in full by the Claymont Fire Company. Most training is conducted through the Delaware State Fire School or in-house. There are also out of state training opportunities through the annual conference and/or seminars. Some courses can be converted to college credit through Delaware Technical & Community College.

**Scholarships**

There are several types of State and County scholarships available to assist college bound members in achieving college goals.

**Equipment and Gear**

All equipment and safety gear needed to perform department duties is provided by the Claymont Fire Company. In most cases, Fire and EMS gear is fitted and assigned to the member. Safety is top priority and every measure is observed to assure that members are properly protected.

**Blood Bank**

As a member of the Claymont Fire Company you are eligible to join the Blood Bank of Delaware. Your obligation is to supply a blood donation when called upon by the blood bank or make a payment to the blood bank in replacement of a blood donation.

**Workman's Compensation**

As a member of Claymont Fire Company you are eligible for Workman's Compensation at no cost to you. Workman's Compensation will provide you with money for immediate expenses if you should be unable to work due to an injury received during a fire company alarm or function.

**Line of Duty Death Benefit**

All members of Claymont Fire Company are covered by a Line of Duty death benefit( life insurance ). The Federal and/or State Government will provide up to \$ 250,000.00 in life insurance payments to a deceased volunteer firefighter or ladies auxiliary member who is killed in the line of duty during a fire company alarm or function.

**Pension Benefit**

All active members of Claymont Fire Company are eligible to receive a pension for service rendered as a volunteer in the Delaware Fire Service. The company pays pension premiums for every active year you receive. The pension plan is vested after ten ( 10 ) years. The maximum pension credit is twenty-five ( 25 ) years. Pension benefits start at age sixty ( 60 ).

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Are you a citizen of the United States? \_\_\_\_\_

**Current Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone / Contact Information:**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

**List previous addresses for last 5 years:**

| Date From | To    | Street Address | Apt. # | City  | State |
|-----------|-------|----------------|--------|-------|-------|
| _____     | _____ | _____          | _____  | _____ | _____ |
| _____     | _____ | _____          | _____  | _____ | _____ |
| _____     | _____ | _____          | _____  | _____ | _____ |
| _____     | _____ | _____          | _____  | _____ | _____ |

**Education**

Name of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/ Degree: \_\_\_\_\_

Name of College/ Univ.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/ Degree: \_\_\_\_\_

Other School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/ Degree: \_\_\_\_\_

Other School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/ Degree: \_\_\_\_\_

**Fire Service:**

Please check what aspects of the fire service interest you.

Firefighting: \_\_\_\_\_ Ambulance/EMS: \_\_\_\_\_ Administration: \_\_\_\_\_ Other: \_\_\_\_\_

Approximately how many hours per week do you feel you could give to the fire company? \_\_\_\_\_

Have you ever been a member of another fire company? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide where and when.

| Date From | To    | Fire Company Name | City  | State |
|-----------|-------|-------------------|-------|-------|
| _____     | _____ | _____             | _____ | _____ |
| _____     | _____ | _____             | _____ | _____ |
| _____     | _____ | _____             | _____ | _____ |

Have you had any previous firefighting, EMS, or Emergency Service training? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, please describe:

| Date Mm/ Yyyy | Training Class & Description | Training Agency |
|---------------|------------------------------|-----------------|
| _____         | _____                        | _____           |
| _____         | _____                        | _____           |
| _____         | _____                        | _____           |
| _____         | _____                        | _____           |
| _____         | _____                        | _____           |

Additional training may be included on separate page. You will be asked to provide documentation of this training.

Please list any other special skills you have that may be beneficial to the fire company:

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**Employment History**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Duties Performed: \_\_\_\_\_

**Military History**

Have you ever served in the military? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please complete the following;  
Branch of Service: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Highest Rank: \_\_\_\_\_  
Date of Service: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**Medical History**

Do you have any current medical conditions (physical or mental), chronic illnesses, injuries, or had any surgical procedures that would limit or impair your ability to perform the tasks required of you in your desired role in the fire company? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please describe below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Motor Vehicle Operator History**

Do you have a valid driver’s license? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes: State: \_\_\_\_\_ License #: \_\_\_\_\_

Do you currently have any points on your license from violations? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been convicted of a DUI? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you been responsible for any motor vehicle accidents in the last 5 yrs? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you taken an Emergency Vehicle Operators course? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Criminal Record History**

You will be required to obtain a Criminal Background Check from the Delaware State Police prior to being voted into the fire company. See last page for instructions.

Have you been convicted of ANY criminal offense? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, please explain occurrences and dates.

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**References**

Please provide at least 3 references that have known you for at least 3 years:

Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Years known: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**DELAWARE STATE FIRE PREVENTION COMMISSION**

**DELAWARE VOLUNTEER FIREMEN’S CRIMINAL HISTORY AFFIDAVIT**

This affidavit **must** be completed by all applicants for membership in a Delaware volunteer fire department and attached to the application for membership. Applicants must complete one of the two statements below. An application is not considered complete and shall not be processed until the notarized affidavit is attached.

**AFFIDAVIT**

I have never been convicted of an offense that constitutes any of the crimes set forth in **16 Del. C. §6647** (attached hereto) or any other similar offense under any federal, State, or local law. I hereby certify that the statements contained in this application are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement in this application, I am subject to penalties prescribed by law, including denial and revocation of membership in the volunteer fire department and a mandatory fine of at least \$1000 or a term of imprisonment of up to 2 years, or both.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or;

I am unable to submit the above statement. My written explanation as to what is not true with regard to the above statement and why is set forth below:

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

(Attach additional pages if needed along with a certified copy of your criminal history record from the appropriate authorities)

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notarize Below:**

\_\_\_\_\_ (County)

\_\_\_\_\_ (State)

Before me personally appeared, \_\_\_\_\_, Applicant, of lawful age, to me known to be the identical person who signed this document of application and being by me first duly sworn, on oath state that all the foregoing statements are true and correct to the best of \_\_\_\_\_ knowledge and belief.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print or Typed Notary Public’s Name

My Commission expires: \_\_\_\_\_  
(Seal)





**CONSENT FORM**

I, \_\_\_\_\_, THE UNDERSIGNED, DO HEREBY AUTHORIZE THE CLAYMONT FIRE COMPANY TO CONDUCT A BACKGROUND INVESTIGATION ON ME AS A CONDITION FOR MEMBERSHIP IN THE FIRE COMPANY. I AUTHORIZE POLICE AGENCIES, SCHOOLS, DOCTORS, BUSINESSES, OR ASSOCIATES TO RELEASE ANY PERTINENT INFORMATION, WHICH WOULD ASSIST THE CLAYMONT FIRE COMPANY IN EVALUATING MY CHARACTER AND QUALIFICATIONS.

IN SIGNING THIS AUTHORIZATION, I HEREBY RELEASE ANY AND ALL OF THE FOREMENTIONED SOURCES FROM ANY RESPONSIBILITY, PRESENT OR FUTURE, IN IMPARTING THIS INFORMATION.

**SIGNED:** \_\_\_\_\_  
Parent or Guardian if under 18 Yrs Old

**APPLICANTS UNDER 18 YEARS OF AGE MUST HAVE PARENT(S) OR GUARDIAN(S) SIGNED CONSENT.**

I, \_\_\_\_\_, PARENT(S) OR GUARDIAN(S) AUTHORIZE  
\_\_\_\_\_  
TO BE A MEMBER OF THE CLAYMONT FIRE COMPANY.

\_\_\_\_\_  
Parent or Guardian's Signature



## **PROCEDURE TO OBTAIN CRIMINAL HISTORY REPORT – DELAWARE STATE POLICE**

A Criminal History Background Check is obtained through fingerprints. You must provide photo Identification, such as a valid driver's license or State ID (from any state). You do not need a social security card or a birth certificate.

Juveniles (under 18) must be accompanied by a parent, or guardian to authorize the criminal history. Juvenile's must present either one of the above types of ID's, or a school ID is acceptable. The fee for a State of Delaware Criminal Background Check is \$52.50.

Payment options are cash (except Sussex County), credit or debit cards, certified checks, money orders, or company checks made out to Delaware State Police. They do not accept American Express or personal checks.

### **New Castle County (by appointment only)**

The office is located at Delaware State Police Troop 2, on Route 40, in Bear, just west of the Fox Run Shopping Center, between routes 72 and 896.

#### **The hours of operation are:**

- Mon, Wed, Thurs, and Fri, 8:30 a.m. to 3:15 p.m.
- Tuesday, 11:30 a.m. to 6:15 p.m.
- To schedule an appointment call 302-739-2528.

### **Kent County (no appointment needed)**

The office is located at 655 South Bay Road, Suite 1B, Dover, DE 19901, in the Blue Hen Corporate Center. Enter the road between Kent County Levy Court and Firestone, then follow the fingerprint signs.

#### **Hours of operation are:**

- Mondays, 8:30 a.m. to 6:30 p.m.
- Tuesday through Friday, 8:30 a.m. to 3:30 p.m.
- Call 302-739-5871 for more information

The results of the completed certified criminal history will not be returned the same day. The results will be forwarded to the recipient as soon as operationally possible.

### **Out Of State Residents** - (mail in request for certified criminal history)

You may be printed by your local police agency or any fingerprinting agency. All ten print fingerprint cards are acceptable. If the agency will not provide a card, you may print a FD-258 fingerprint card that is available on the Federal Bureau of Investigation website at [www.fbi.gov](http://www.fbi.gov) – click stats & Services, then Identity History Summary Checks, then FD-258 Fingerprint Card. You may print the card on regular paper and present this to the agency for printing.

An authorization letter, fingerprint card and certified check or money order, made payable to "Delaware State Police" should be sent to the below address. **PERSONAL CHECKS ARE NOT ACCEPTED**

MAIL TO:  
Delaware State Police  
State Bureau of Identification  
P.O. Box 430  
Dover, DE 19903

**TITLE 16 CHAPTER 66. FIRE PREVENTION**  
**Subchapter VI. Volunteer Firefighters**

§ 6646 Definitions.

"Member" means a volunteer firefighter of a Delaware volunteer fire department, as certified by the Delaware State Fire Prevention Commission.

§ 6647 Membership requirements for volunteer firefighters.

- (a) An applicant for membership in a Delaware volunteer fire department who has been convicted of or, had that applicant been charged as a juvenile, adjudicated delinquent of any of the following crimes is prohibited from serving as a firefighter in this State:
- (1) A felony involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, such as forcible rape;
  - (2) A felony involving the sexual or physical abuse of a child or of a person who is elderly or impaired, such as sexual misconduct with a child, sexual exploitation of a child, making or distributing child pornography, incest involving a child, or assault on a person who is elderly or impaired;
  - (3) A crime in which the victim is an out-of-hospital patient or a patient or resident of a healthcare facility, including abuse, neglect, or theft from or financial exploitation of a person entrusted to the care or protection of the applicant;
  - (4) Arson in the third, second, or first degree; reckless burning or exploding; cross or religious symbol burning; or any crime in which the applicant intentionally or recklessly started a fire or caused an explosion, or attempted or conspired to do so;
  - (5) A law of another state, territory, or jurisdiction which is the same or equivalent to the offenses described in paragraphs (a)(1) through (4) of this section.
- (b) Membership in a Delaware volunteer fire department must be denied if the applicant has been convicted or, if that applicant was charged as a juvenile, has been adjudicated delinquent of any of the following crimes, except in extraordinary circumstances:
- (1) Any crime for which the applicant is currently incarcerated, on work release, on probation, or on parole;
  - (2) Any crime in the following categories, unless at least 5 years have passed since the applicant's conviction or at least 5 years have passed since the applicant was released from custodial confinement, whichever occurs later:
    - a. A serious crime of violence against a person, such as assault with a dangerous weapon, aggravated assault, murder or attempted murder, manslaughter (other than involuntary manslaughter), kidnapping, or robbery of any degree;
    - b. A crime involving a controlled substance or designer drug, including unlawful possession or distribution of, or intent to unlawfully possess or distribute, a controlled substance in Schedules I through V of the Uniform Controlled Substances Act of Chapter 47 of this title;
    - c. A serious crime involving property, such as burglary, embezzlement, or insurance fraud;
    - d. Any crime involving sexual misconduct;
    - e. A crime of another state, territory, or jurisdiction which is the same or equivalent to the offenses described in paragraphs (b)(2)a. through d. of this section.
  - (3) In extraordinary circumstances, membership may be granted under subsection (b) of this section only if the applicant establishes by clear and convincing evidence that the applicant's membership will not jeopardize public health or safety.
- (c) An applicant for membership in a Delaware volunteer fire department who knowingly provides false, incomplete, or inaccurate criminal history information, or who otherwise knowingly violates a provision of this subchapter, is guilty of a class G felony. In addition to a term of imprisonment of up to 2 years, the court shall impose a fine of no less than \$1,000 which may not be suspended.
- (d) The State Fire Prevention Commission shall adopt regulations to implement the provisions of this subchapter. The regulations must include, as part of the application form for membership in a Delaware volunteer fire department, a dated and signed statement by the applicant swearing to or affirming the following, if the following is true. If it is not true, the applicant must explain in writing what is not true and why it is not true.
- "I have never been convicted of an offense that constitutes any of the crimes set forth in 16 Del. C. § 6647 or any similar offense under any federal, state, or local law. I hereby certify that the statements contained in this application are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement in this application, I am subject to penalties prescribed by law, including denial or revocation of membership in the volunteer fire department and a mandatory fine of at least \$1,000 or a term of imprisonment of up to 2 years, or both."
- (e) An applicant for membership in a Delaware volunteer fire department who is denied membership or whose membership is revoked because of the requirements of this subchapter may appeal the denial or revocation to the State Fire Prevention Commission within 15 days of written notification of the denial or revocation by the volunteer fire department. An appeal under this subsection must be held in accordance with the appropriate provisions of the Administrative Procedures Act, Chapter 101 of Title 29, and is subject to judicial review under subchapter V of Chapter 101 of Title 29.