

Delaware City Fire Company, No. 1, Inc.
815 5th Street
P.O. Box 251
Delaware City, Delaware 19706
302-834-9336

Cadet Membership Application Procedure

1. Applicant must be at least fourteen (14) years of age.
2. If applicant is under the age of eighteen (18), a copy of their birth certificate and Parent/Legal Guardian signature must be provided on the application.
3. A \$10.00 initiation fee must accompany the application.
4. All information must be current and accurate; any information withheld will result in rejection of the applicant. It is the responsibility of the applicant to update any information after submittal.
5. A complete criminal background history will be required after the applicant has turned age eighteen (18).
6. A complete driving history will be required after the applicant has turned age eighteen (18).
7. Application must be type written or clearly printed in ink.
8. Any question that is not applicable shall be indicated with "N/A" in the appropriate area.
9. Any application not filled out correctly may be rejected.
10. The Delaware City Fire Company reserves the right to reject any prospective applicant.
11. Prospective members will return the completed application to the Review Board upon completion.
12. If the prospective member has been affiliated with another fire/EMS company, a letter of recommendation on company letterhead from the Chief or President of that organization, as well as a list of training activities will be required.
13. The Review Board will **confidentially** review all the applications and other documents submitted by the applicant.
14. The prospective member will be notified by phone of the date, time and place of their interview within five days of the interview.
15. The Review Board will interview and advise the prospective member of probationary requirements.
16. The Review Board will make a recommendation of acceptance to the President to be presented at the next Fire Company Meeting.

PERSONAL HISTORY

Applicants Full Name _____
Last First Middle Jr/Sr

Address _____
Street City State Zip Code

Phone _____ Cell Phone _____

Social Security Number _____ Date of Birth _____

General Questionnaire

Please state why you want to become a member of our Fire Company: _____

Have you ever been a member of another Volunteer Fire Company? Is yes, please list below: _____

Have you ever had any previous Fire, Rescue, or EMS Training? If yes, please list below: _____

Do you have any skills that will benefit our Fire Company? If yes, please list below: _____

Do you have any medical concerns / conditions or special needs that our Fire Company should know? If yes, please list below: _____

Do you have any phobias that the Fire Company needs to know? If yes, please list below: _____

Do you have any handicaps and or challenges that may hinder you in your performance in physical activity? If yes, please list below: _____

How much time can you devote to our Fire Company? _____

Have you ever been in trouble with the law? If yes, please explain below: _____

Education

Name of School: _____

Highest Grade Completed: _____

What year are you supposed to graduate? _____

What type of diploma / degree? _____

Employment

Current Employer's Name: _____

Address: _____

Job Title: _____ Date of Hire: _____

Name of Supervisor: _____ Phone: _____

References

Please list three names of references below that you are not related to.

We may call these individuals to ask them questions about you.

Name: _____ Phone: _____

How many years have you known this person? _____

Name: _____ Phone: _____

How many years have you known this person? _____

Name: _____ Phone: _____

How many years have you known this person? _____

Parental Consent

I understand that if the Delaware City Fire Company accepts me for membership, the Fire Company shall require verification of identity. If I do not yet have a driver's license, I will submit a valid copy of my birth certificate.

Applicant Signature: _____ Date: _____

Parent or Legal Guardian signature is required if applicant is under the age of eighteen (18).

Parent / Legal Guardian: _____ Date: _____

Parent / Legal Guardian: _____ Date: _____

By signing this application you have given Delaware City Fire Company the right to investigate any and all statements in your application. You understand that false, misleading and/or substantive omission of information may be sufficient cause for termination of consideration or for dismissal if already a member. If accepted as a member of the Delaware City Fire Company, you agree to abide by the existing Fire Company By-Laws, Standard Operating Guidelines, rules and regulations and those By-Laws, Standard Operating Guidelines, rules and regulations which may become effective while you are a member of the Company.

You understand that after turning the age of eighteen (18), you will be required to submit the following information to the Fire Company for possible continuity of membership:

- A completed and certified copy of my driving record to be obtained from the Delaware Department of Motor Vehicles and/or the Department of Motor Vehicles in the State of license issuance.
- A completed and certified NCI criminal background check to be obtained from the Delaware State Police.
- A completed and certified Delaware Volunteer Firemen's Criminal History Affidavit.

Parental Statement of Understanding

I verify that I, the Parent or Legal Guardian of _____
_____, have read and do understand the application and Cadet Program
Guidelines. I have asked any questions about the program that I have and understand that
I may, at any time, contact the Cadet Program Coordinator with any additional questions
I may have. I have given permission for my _____ to participate in the
Fire Company Activities as outlined in the Cadet Program Guidelines.

Signature of Parent / Guardian: _____

Print name of Parent / Guardian: _____

Date: _____

Signature of Cadet Program Witness: _____

Signature of Review Board Witness: _____

Date of Review: _____

Date of Application Receipt: _____

Review Board Recommendation: _____

Revised: 02/21/08

TITLE 16
Health and Safety
CHAPTER 66. FIRE PREVENTION

Subchapter IV. Volunteer Firefighters [Effective Sept. 15, 2007]

§ 6646. Definitions [Effective Sept. 15, 2007]

"Member" means a volunteer firefighter of a Delaware volunteer fire department, as certified by the Delaware State Fire Prevention Commission. (76 Del. Laws, c. 157, § 1.)

§ 6647. Membership requirements for volunteer firefighters [Effective Sept. 15, 2007]

(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 an elderly or infirm person, such as sexual misconduct with a child, sexual exploitation of a child, making or distributing child pornography, incest involving a child, or assault on an elderly or infirm person;

(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 his or her 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. (76 Del. Laws, c. 157, § 1; 70 Del. Laws, c. 186, § 1.)

Business Phone: (302) 834-9336
Fax: (302) 836-9126

Organized March 17, 1887

Delaware City Fire Company, No. 1, Inc.
815th Street
P.O. Box 251
Delaware City, Delaware 19706-0251

www.dcf15.com

Identification Card Emergency Medical Information

Name - _____ ID# 15- _____

Address - _____

Telephone # - _____ Cell # - _____ Pager # - _____

Email Address - _____

Religion - _____

Allergies - _____

Medications - _____

Medical History - _____

Organ Donor - Yes No

Blood Pressure (Normal for you) - _____

Pulse Rate (Normal for you) - _____

Birth Date - _____

Blood Type - _____

Sex - Male Female

Emergency Contact Person - _____

Emergency Contact Person Phone Number - _____

Physicians Name - _____

Physicians Phone Number - _____