



DELAWARE CITY FIRE COMPANY, NO. 1, INC.  
815 5TH STREET  
P.O. BOX 251  
DELAWARE CITY, DELAWARE 19706-0251

### Membership Application Procedure

1. Applicant must be at least fourteen (14) years of age. **[Please use Cadet Application for those under age of eighteen (18)].**
2. If applicant is under eighteen (18) years of age, copy of birth certificate and Parents and/or Legal Guardian signatures must be provided on application.
3. Applicant must provide a current criminal and driving history record.
4. A \$10.00 initiation fee must accompany application.
5. All information must be current and accurate; any information withheld will result in rejection of applicant. It is the responsibility of applicant to update any information after submittal.
6. A complete NCI criminal background history is a requirement. See Information on Page 2.
7. A complete driving history can be obtained at any of the State of Delaware Division of Motor Vehicle Offices. There is a \$25.00 fee for this report payable to the State of Delaware. **CHECKS ARE ACCEPTED.**
8. Application must be type written or clearly printed in ink.
9. Any question that is not applicable shall be indicated with "N/A" in the appropriate area.
10. Any application will not filled out correctly may be rejected.
11. The Delaware City Fire Company reserves the right to reject any prospective applicant.
12. Prospective members will return the completed application to the Review Board after they have started the criminal history process and present a receipt from the Delaware State Police.
13. If the prospective member has been affiliated with another Fire/Ems Company, a letter of recommendation on company letterhead from the Chief/President of that Company, as well as a list of training activity will be required along with the criminal history and driving record.
14. The Review board shall **CONFIDENTIALLY** review all the applications, criminal histories and other documents submitted by the prospective member.
15. The prospective member will be notified by phone, or letter, of the date, time and place of the interview within five days of the interview.
16. The Review Board will interview and advise the prospective member of probationary requirements.
17. The Review Board will make recommendations to the Company Floor to be voted on at the next Fire Company meeting.

**Effective NOVEMBER 17, 1999, New Applicants are required to supply an NCI Criminal History and Drivers License Records.**

**Procedure for obtaining NCI Criminal History Report**

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. Juveniles must present either one of the above types of ID's, or a school ID is acceptable.

*There is no fee if applying for a membership to a volunteer fire company.* You must have the certification form from the volunteer fire company you are applying for. This form needs to have official signature of the President of the Delaware City Volunteer Fire Company and Fire Company Seal.

Locations and hours of operation for SBI are as follows:

**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.

The results of the completed certified criminal history will not be returned the same day

**Kent County** (no appointment needed except for DPC Applicants)

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. Holiday Closing Schedule

**Sussex County** (by appointment only)

The office is in the Thurman Adams State Service Center located at 546 S. Bedford Street, Room 202, Georgetown, DE.

Hours of operation are:

Monday – Thursday, 8:30 a.m. – 3:30 p.m.

To schedule an appointment call 302-739-2528.

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.

**Procedure for obtaining Driver License Record**

1. Driver license records can be obtained from any Motor Vehicle Office.
2. There is a \$25.00 fee for this report payable to the State of Delaware. **CHECKS ARE ACCEPTED.**
3. Return completed application with drivers License record to the review board Committee or mail to the following address:

Delaware City Fire Company  
Review Board Committee  
P. O. Box 251  
815 Fifth Street  
Delaware City, DE 19706-0251

## **Probationary Membership Requirements**

All new members will be on a one year probationary period. Any probationary member who has served in another Fire/ EMS Service may have the Fire School requirements waived with the provision of copies of official training records.

### **ACTIVE EMS**

1. Active Ambulance EMT's must attend and complete the EMT-B Course and the New Member Orientation Program within the first twelve (12) months of membership after attaining age eighteen (18) and pass the exam for the EMT-B Course within a two (2) year period. If applicant is under eighteen (18) years of age they are required to attend and complete the First Responder and Intro to Emergency Services courses.
2. Active Ambulance Drivers must attend and complete the First Responder and Intro to Emergency Services and EVO courses. Active Ambulance Drivers must maintain a valid CPR/AED card.
3. Attend nine (9) hours in-company EMS training course.
4. Attend six (6) stated Company meetings, unless a reasonable excuse is presented and accepted by the Company or attain 288 hours per year to be eligible to vote.
5. Shall complete the qualifications for active member's pension points (100).
6. Respond to 2% of ambulance runs and participate in 48, four (4) hour shifts or night crews or participate in 72, four (4) hour shifts or night crews.
7. Shall be expected to take part in work parties and clean up details.
8. Shall not respond to emergencies on the fire or rescue apparatus, except under the authorization of the officer in charge.
9. Active ambulance members will not be eligible to vote for fire line officers but will be eligible to vote and run for administrative and ambulance officers if all other qualifications are met.

### **ACTIVE FIRE**

1. Attend and complete the Basic Fire Fighting Skills Course, CPR Course, AED Course and New Member Orientation Program within first twelve (12) months of membership.
2. Attend six (6) stated Company meetings, unless a reasonable excuse is presented and accepted by the Company or attain 288 hours per year to be eligible to vote.
3. Shall complete the qualifications for active member's pension points (100).
4. Respond to 10% of the alarms.
5. Shall be expected to take part in work parties and clean up details.
6. Active will be eligible to vote and run for administrative and fire line officers if all other qualifications are met.

### **ADMINISTRATIVE MEMBER**

1. Must be 18 years of age or older.
2. Attend six (6) stated Company meetings, unless a reasonable excuse is presented and accepted by the Company.
3. Shall complete the qualifications for administrative member's pension points (60) or attain 288 hours per year to be eligible to vote.
4. Shall be expected to take part in work parties and clean up details.
5. Support members will be eligible to vote and run only for administrative office if all other qualifications are met.

**PERSONAL HISTORY**

Applicants full name \_\_\_\_\_  
Last First Middle JR/SR

Address \_\_\_\_\_  
Street Address City State Zip Code

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

**APPLYING FOR WHICH TYPE OF MEMBERSHIP?**

\_\_\_\_\_ **ACTIVE EMS**      \_\_\_\_\_ **ACTIVE FIRE**      \_\_\_\_\_ **ADMINISTRATIVE**

Do you know the qualifications that are needed to become a member of our Fire Company?    Yes \_\_\_\_\_    No \_\_\_\_\_

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

Have you ever been a member of another Volunteer Fire Company? If yes, please list below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any previous Fire, Rescue or EMS training? If yes, please list below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need more space, use additional piece of paper

Do you have any skills that our Fire Company can benefit from? If yes, please list below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need more space, use additional piece of paper

Do you have any medical problems or special needs that our Fire Company should know about: 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 if you are applying for ACTIVE FIRE OR ACTIVE EMS? If yes, please list below: \_\_\_\_\_

\_\_\_\_\_

How much time can you devote to our Fire Company? \_\_\_\_\_

\_\_\_\_\_

**CRIMINAL and DRIVING HISTORY**

Driver's License Number \_\_\_\_\_ Class/Endorsements \_\_\_\_\_

Do you have any points on your license? \_\_\_\_\_ If yes, please state why: \_\_\_\_\_

\_\_\_\_\_

Have you had a traffic offense, other than a parking citation, in the past five (5) years?

\_\_\_\_\_ If yes, please state why: \_\_\_\_\_

\_\_\_\_\_

Have you ever been in any accident while driving? \_\_\_\_\_ If yes, please state why: \_\_\_\_\_

\_\_\_\_\_

Has your driver's license ever been revoked or suspended? \_\_\_\_\_ If yes, please state why: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or Class A Misdemeanor? \_\_\_\_\_ If yes, please state why: \_\_\_\_\_

\_\_\_\_\_

NOTE: Failure to disclose any of the above may cause for rejection of application or termination of membership.

**EDUCATION**

**(List highest level completed)**

Name of school: \_\_\_\_\_

Highest grade completed? 9 10 11 12      Did you graduate/GED? \_\_\_\_\_

What year are you supposed to graduate? \_\_\_\_\_

What type of diploma / degree? \_\_\_\_\_

**EMPLOYMENT**

Current Employer's Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street    City    State                          Zip Code

Type of Business: \_\_\_\_\_

Date Employed: \_\_\_\_\_      Current Position \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_      Phone Number: \_\_\_\_\_

Previous Employer's Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street    City    State                          Zip Code

Type of Business: \_\_\_\_\_

Date Employed: \_\_\_\_\_      Position Held \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_      Phone Number: \_\_\_\_\_

**MILITARY SERVICE**

Current Selective Service Classification: \_\_\_\_\_

Branch of Service \_\_\_\_\_

Date of Active Service: From \_\_\_\_\_      To \_\_\_\_\_

Rank \_\_\_\_\_

Date of discharge \_\_\_\_\_      Type of discharge \_\_\_\_\_

**VOLUNTEER FIRE SERVICE**

Fire Company: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Highest Office Achieved: \_\_\_\_\_ Years in this Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**REFERENCES**

Please list 3 names of references below that you are not related to. We may call these individuals to ask them questions about you.

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

How many years have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

How many years have you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

How many years have you know this person? \_\_\_\_\_



**Please read the following statements carefully. Please sign below indicating your acceptance of these conditions.**

I authorize the Delaware City Fire Company to request a transcript or other report of any record pertaining to me from any law enforcement agency.

I authorize the Delaware City Fire Company to request a high school and/or college transcript. This transcript is listed under: \_\_\_\_\_,  
Name, if different from below  
who last attended in \_\_\_\_\_.

I certify that if I am a male, born after January 01, 1961, I have registered for Selective Service if required to register. I understand that I may be required to document registration.

I authorize the Delaware City Fire Company to investigate any and all statements in my application and to contact previous employers and references. I understand that false, misleading and/or substantive omission of information may be sufficient cause for termination of consideration or for the dismissal if already a member. If accepted as a member of the Delaware City Fire Company, I agree to abide by the existing Fire Company By Laws, Standard Operating Procedures, rules and regulations and those by Laws, Standard Operating Procedures, rules and regulations which may become effective while I am a member of the Company.

I understand that in order to be considered for membership, I must submit the following information, at my expense.

- 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 licenses 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.

I further understand that my application will not be considered without the above listed information.

I understand that if the Delaware City Fire Company accepts me for membership, the Fire Company shall require verification of identity.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If education or employment records are under any other name than the above, please indicate: \_\_\_\_\_

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Fire Company Use Only

Date received application: \_\_\_\_\_ By: \_\_\_\_\_

Membership fee received: \_\_\_\_\_ By: \_\_\_\_\_

Date received Criminal Back Ground: \_\_\_\_\_

Date received Driving Record: \_\_\_\_\_

The Review Board on \_\_\_\_\_ interviewed prospective member.

Review Board recommendation: \_\_\_\_\_

Review Board Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant elected to membership on \_\_\_\_\_

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Effective: 11/17/99  
Revised: 09/05/01  
Revised: 10/20/03  
Revised: 01/31/07  
Revised: 11/01/07  
Revised: 02/21/08  
Revised: 05/16/15  
Revised: 11/01/16  
Revised: 06/16/18

**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 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 \$1000 or a term of imprisonment of up to 2 years, or both.

\_\_\_\_\_   
 Applicant’s Signature

\_\_\_\_\_   
 Date

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

\_\_\_\_\_ (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

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

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

**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: 302.836.9336  
FAX: 302.836.9126



ORGANIZED MARCH 17, 1887  
WWW.DCFC15.COM

**DELAWARE CITY FIRE COMPANY, NO. 1, INC.**  
815 5TH STREET  
P.O. BOX 251  
DELAWARE CITY, DELAWARE 19706-0251

### Identification Card Emergency Medical Information

Name - \_\_\_\_\_ ID# 15- \_\_\_\_\_

Address - \_\_\_\_\_  
\_\_\_\_\_

Telephone # - \_\_\_\_\_ Cell # - \_\_\_\_\_

Social Security # - \_\_\_\_\_

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 - \_\_\_\_\_

BUSINESS PHONE: 302.836.9336  
FAX: 302.836.9126



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**DELAWARE CITY FIRE COMPANY, NO. 1, INC.**  
815 5TH STREET  
P.O. BOX 251  
DELAWARE CITY, DELAWARE 19706-0251

## Delaware Volunteer Firefighter Background Check Application

Fire Company <b>Delaware City Fire Company</b>		
Fire Company Address <b>P.O. Box 251, 815 5<sup>th</sup> Street, Delaware City, DE 19706-0251</b>		
Fire Company phone number <b>302-834-9336</b>		
Applicant's Name		
Street Address		
City	State	Zip
Phone		DOB
<b>I, the undersigned, certify that I am applying for membership in the above name Volunteer Fire Company.</b>		
Signature:		Date:
<b>I, the Chairman of the Membership Committee or Recruiter for the above named Volunteer Fire Company certify that that this above named applicant is applying for membership in our fire company. My signature is certified by the placement of the fire company seal in the space provided below.</b>		
Name of Company Representative (printed)		
Company Representative's Signature:		Date:

