

Delmar Fire Department, Inc.

Serving Delmar Delaware and Delmar Maryland

P.O. Box 143
Delmar, Delaware 19940
302-846-2530

CHECKLIST FOR COMPLETING APPLICATION

- ___ Fill in all blanks on application. If not applicable, enter N/A

- ___ Provide a photocopy of a valid state issued driver's license

- ___ Provide a current copy of your driving record

- ___ Provide a photocopy of all certifications and training history
(if applicable)

- ___ Complete the Delaware Volunteer Fireman's criminal history
affidavit – signed and notarized

- ___ If you are applying to be an Associate member, and you are an
active member of another department, you must submit a letter from
the Chief of your current department

<p>Complete all forms in their entirety. Incomplete forms or missing documents will prolong the application process.</p>

Membership Application

For
Delmar Fire Department, Inc.

Name: _____ Date: _____
Last First M.I.

The Delmar Fire Department, Inc. is a volunteer organization serving the Delmar, Delaware and Delmar, Maryland community. No candidate for membership into this company shall be rejected from said membership on the basis of race, religion, sex, sexual preference, disability, or national or ethnic origin.

Requested Membership Type: Ambulance Associate Probationary Fire
(Check Only One)

Membership Eligibility

Ambulance Associate:

A candidate for Ambulance Associate membership must be eighteen (18) years of age. The candidate shall begin an EMT-B course within the required one (1) year of minimum service. If the candidate is already at least EMT-B certified, then he/she shall present a photocopy of his/her certification, and a photocopy of his/her state motor vehicle administration driving record. If applicant is presently associated with a volunteer ambulance service company, a letter of approval from an officer of that company must accompany the candidate's application.

Probationary Fire:

Any person of the age of eighteen (18) years of age, and of good character and habits, who is a legal resident of the Delmar Fire Department, Inc. fire district as determined by the respective Counties for a period of one (1) year preceding the date of application is eligible for Probation membership in this Corporation. A waiver for the one (1) year residency will be given an applicant from another fire company when accompanied by a letter of recommendation from his/her previous/current department. A copy of his/her state driving record is also required.

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1.0 General Instructions:

Information within this application must be typed or printed clearly in ink with all questions answered completely and truthfully. If the requested information is not applicable, then please respond by inserting "N/A". Please furnish any additional information, resume, or references utilizing the same size paper as this application and attach as appendices. Once completed, please return to the Delmar Fire Department in an enclosed envelope marked "Attention: Membership Committee". Once the committee has received said application and reviewed, you will be contacted for an interview. In the event that any information originally provided has changed, it is the responsibility of the applicant to notify the Delmar Fire Department, Inc. of said changes. Applicants must understand that their membership acceptance is contingent upon the results of a complete criminal background investigation. Withholding and/or falsification of any information on this application may be the basis for rejection or dismissal from the Delmar Fire Department, Inc. The applicant's signature on this application shall indicate that they fully understand and agree to the terms as described within this application.

Applicants who are accepted will be on probation for the period of one (1) year from said acceptance, and are subject to a ninety (90) day review during which they must demonstrate their fitness, willingness, and interest for membership as required by the By-Laws and Standard Operating Guidelines of the Delmar Fire Department, Inc.

2.0 Personal History:

Full Name: _____
Last (suffix) First Middle

Other Names: _____
Please list any other names used (maiden, nickname, etc.)

Home Address: _____
Present home address (include street, apartment number, box number, city, state, and zip)

How long have you lived at this address? _____

If less than one (1) year, please provide previous address: _____

Phone Number(s): Home: _____ Work: _____ Cell: _____

Date of Birth: _____ Place of Birth: _____ Present Age: _____

Social Security Number: _____ (Check One) U.S. Citizen

Alien (Authorized to work within the U.S.)

Beneficiary Name: _____
Last (suffix) First Middle

Beneficiary relationship to you: _____

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3.0 Medical History:

Are you currently aware of any personal medical conditions which may reduce your ability to perform while under physical and/or emotional stress or strain which you may encounter while responding to, returning from, or operating at an emergency incident?

(Check One) YES NO

If yes, please provide a detailed explanation: _____

Name/Phone number of your physician: _____

4.0 Motor Vehicle Operator Information:

Do you currently possess a valid driver's license? (Check One) YES NO

If yes, please provide a photocopy of your license and the following information:

State of Issue: _____ License Number: _____

License Class: CDL? (Check One) YES NO

List any license restrictions: _____

List any previous motor vehicle driver/operator licenses which you have possessed (including state, class, restrictions, etc.) _____

5.0 Court Record:

Have you ever been convicted of any criminal offense (including traffic violations)?

(Check One) YES NO

If yes, please provide details (including location, case number, charges, and disposition): _____

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6.0 Experience/Training:

Have you ever been or are you currently a member of another fire, rescue, or EMS organization?

(Check One) YES NO

If yes, please provide requested information:

Name of Organization

Address of Organization

Position(s) held

Current Status with Organization

Please list any fire, rescue, and/or EMS courses which you have taken:

Course	Location	Date

*If more space is required, please provide an appendix listing all training.

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7.0 Areas of Interest:

Please indicate any areas of interest you may have within our department's functions (Check all that apply):

Fire/Rescue Services Emergency Medical Services Driver/Operator

Fire Police Administrative Services Fundraising Services

Other Committee Functions: (please list interests): _____

8.0 Employment History:

Name of Employer

Address of Employer

Name and Title of Supervisor

Nature of Employment and Position(s) held

How Long? (If less than one (1) year, please list previous employer and address

List Position(s) with previous Employer and Supervisor name

9.0 References:

Please list three (3) persons, unrelated to you, who have personally known you for at least three (3) years:

Name	Address	Phone	Years Known

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10.0 Terms Agreement:

I, _____ the undersigned, do hereby authorize the Delmar Fire Department, Inc. to conduct an in-depth investigation regarding the information provided by me on this application for membership. I further authorize any police agency, school, government agency, business employer, physician, individual, and/or association to release any pertinent information which would assist the Delmar Fire Department, Inc. in evaluating this information and assessing my qualifications for membership; release all parties from any liability from damages, present or future, that may result in furnishing the information to the Delmar Fire Department, Inc.

I, _____ certify that the information provided by me within this application is true to the best of my knowledge and do further understand that if accepted for membership, falsified information on this application may be reason for my dismissal from membership with the Delmar Fire Department, Inc.

Print Full Name: _____

Sign Full Name: _____

Date: _____ Witnessed By: _____

11.0 Department Action:

Application Provided By: _____

Application Received By: _____

Applicant Interviewed By: _____

Presented To Department By: _____

Read And Posted Date: _____

Acted Upon Date: _____

Voting Results: _____ For _____ Against

Accepted

Rejected

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 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 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 Signature

Date

Notary Acknowledgement

State of _____

County Of _____

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 foegoing statements
are true and correct to the best of _____'s knowledge and belief.

Signature of Notary Public

Printed or Typed Notary Public's Name

My Commission Expires: _____

(Seal)