



To apply for membership with the Dover Fire Department, the enclosed packet must be completed. The Dover Fire Department is an ALL VOLUNTEER Fire/Rescue department providing service to the greater Dover area.

All sections of the application for membership must be completed, including the listing of three individuals in the reference section. The medical and emergency information section will be placed in your personnel file and may require periodic updates. Please read over and mark appropriate areas of the application affirmative action survey. Be sure to read and understand the last page of the application before signing it and please have a notary sign with their seal too. If you are under the age of eighteen, the section for parent or guardian will require the appropriate signatures.

AFTER you complete an interview with the personnel committee, and receive a favorable recommendation you will be required to complete a background check, physical examination, and a drug screen. You will be given official forms and All costs will be covered by the Dover Fire Department.

Return the completed application and associated documents in a sealed envelope marked "ATTENTION PERSONNEL DIRECTOR" to the Dover Fire Department Headquarters Station, 103 S Governors Ave, Dover DE 19904. The personnel director cannot process applications until all necessary sections are complete. Please bring your driver's license and social security card to the interview with you so copies can be made for your file.

Thank you for your interest in the Dover Fire Department, we look forward to working with you! If you have any questions, please email the personnel director at schristiansen@doverfire.org.

Please Note: Potential members are voted on by the Active and Life Members of the DFD at the regularly scheduled company meeting which falls on the first Monday of the month. Applications submitted after the 15th of the month will fall to the following month's company meeting.

Sean P.M. Christiansen
Personnel Director
Dover Fire Department



Dover Fire Department Membership Application

PLEASE PRINT

Name: _____

Address: _____

Phone Number Home: _____

Phone Number Cell: _____ (Do you text?) Yes: _____ No: _____

Email: _____

Date Submitted: _____

(Please notify the personnel director by email after you submit you application schristiansen@doverfire.org)

Membership Type Applying For

(Check One)

Cadet Membership (13-15) Junior Membership (15-18)

Probationary Membership (18<) Ride Along Membership (18<)

Cadet Membership: Ages 13-15, Does not ride to fire/rescue emergencies (except with the Duty Officer) attend training, has no vote and cannot hold elective office. Yearly requirements 125 alarms, 21 hours of training, 4 company meetings

Junior Membership: Ages 15-18, May ride to fire/ rescue emergencies, attend training, has no vote and cannot hold elective office. Yearly requirements 125 alarms, 21 hours of training, 4 company meetings.

Probationary Membership: Must be at least 18 years of age, attend 125 calls each year, attend 21 hours of training each year, and attend 4 meetings a years. This membership allows you to move to Active membership which may vote, have privilege of the floor, and hold elective office. This is also a path towards Life membership

Ride Along Membership: Must be at least 18 years of age, Member in good standing of a Delaware Fire Company, Provide a letter from current Fire Chief, and Training Transcript. Ride Along Members must attend 60 calls each year, attend 14 hours of training. Ride Along's do not vote, have privilege of the company floor and cannot hold elective office.



Dover Fire Department

Membership Application

Please Print

Qualified applicants are considered for membership without regard to race, color, religion, sex, national origin, marital or veteran status or age. All applicants must be physically qualified to perform the duties associated with firefighting.

Name:

Last: _____ First: _____ Middle: _____

DOB: _____ Social Security# _____

Address:

Street: _____ City: _____

State: _____ Zip Code: _____

Contact Information:

Home _____ Cell: _____ Text? Yes ___ No ___

Email: _____

Social Media Accounts Handles: (Please List All)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____



Dover Fire Department Membership Application

Please Print

Emergency Contact Information:

Name: _____ Relation: _____

Address: _____

Home: _____ Cell: _____

Have you ever been convicted of a crime or any traffic violations? Yes ___ No ___

If yes please explain:

Education / Training:

High School:

Name: _____ Location: _____

Dates Attended: _____ Diploma: Yes ___ No ___

College:

Name: _____ Location: _____

Dates Attended: _____ Diploma: Yes ___ No ___

Other Skills, Qualifications, Experiences:



Medical and Emergency Information

Applicants Full Name: _____ DOB: _____

Blood type: _____ Sex: _____ Height: _____

Organ Donor? Yes ___ No ___ Blood Pressure: _____ Pulse: _____

Weight: _____ Eyes: _____ Hair: _____

Allergies:

Medications:

Family Physician: _____

Address: _____ Phone Number: _____

Do you have any physical defects or disabilities? Yes ___ No ___

If yes, please explain: _____

Emergency Contact Information

Name: _____

Relation: _____ Phone Number: _____

Address: _____



Dover Fire Department Membership Application

Please Print

Military Service:

Have you served in the U.S> Armed Forces? Yes _____ No _____

If yes,

Branch: _____ Date Entered: _____

Date and Type of Discharge: _____

Please list the duties in the service and specific training:

Employment History:

Employer: _____

Dates Employed: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____

Dates Employed: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____



Dover Fire Department Membership Application

Please Print

References (List three, Do NOT Include Relatives)

1. Full Name: _____

Years Known: _____

Complete Address: _____

Phone Number: _____

Occupation: _____

2. Full Name: _____

Years Known: _____

Complete Address: _____

Phone Number: _____

Occupation: _____

3. Full Name: _____

Years Known: _____

Complete Address: _____

Phone Number: _____

Occupation: _____



**Dover Fire Department
Membership Application
Please Print**

Previous Fire Service Experience

Yes ____ No ____

If yes, please list continue below

Company: _____

Location: _____

Achievements: _____

Reason for Leaving: _____

Company: _____

Location: _____

Achievements: _____

Reason for Leaving: _____

Company: _____

Location: _____

Achievements: _____

Reason for Leaving: _____



Dover Fire Department Membership Application

Please Print

Applicant Affirmative Action Survey

To help the Dover Fire Department meet its affirmative action objectives and to comply with various government requirements, please mark the appropriate identification categories below. The lower portion of this form describes identification categories in detail. Providing information is voluntary and your application will not be adversely affected if you respond or decline to respond. This information will be used in accordance with federal laws and regulations. Information concerning any handicap or disability will be kept confidential except as necessary for purposes of job assignment, accommodations, first aid and safety.

Race:

White: _____ Black: _____ Hispanic: _____ Other: _____
American Indian / Alaskan Native: _____ Asian / Pacific Islander: _____

Sex:

Male: _____ Female: _____ Other: _____

Handicap / Veteran

Handicapped: _____ Vietnam Era Veteran: _____ Disabled Veteran: _____

White: European, North African, or Middle Eastern origin, Black: Of Black racial group origin, Hispanic: Mexican, Puerto Rican, Cuban, Central-South American origin or any other Spanish culture regardless of race, American Indian/Alaskan Native: North American, but cultural identification maintained through tribal affiliation or community recognition, Asian/Pacific Islander: Far East, South East Asia, Pacific Island origin. **Handicapped:** Physical or mental impairment which substantially limits one or more major life activities.

A record of such an impairment, or society perceives such a impairment. Vietnam Era **Veteran:** Active military duty of more than 180 days, any part of which occurred between August 6, 1964 and <ay 7, 1975 and discharged or released from duty with an other than dishonorable discharge.

Disabled Veteran: Disability rated by Veterans Administration at 30 percent or more, or, Released or discharged from active duty for a disability incurred or aggravated in the line of duty.

Dover Fire Department Membership Application

Please Print

Read the Following Carefully Before Signing This Application

I affirm that this application for membership contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should the investigation of my background at any time disclose any such misrepresentation or falsification, my application may be rejected. I am further aware that I shall be required to successfully pass the following:

- Personnel Committee Interview
- Medical Exam
- Background Investigations(s)
- Drug Test(s)

I authorize the Dover Fire Department to thoroughly investigate my personal and public background which includes, but is not limited to, schools, places of employment, medical, police, and military records for purposes relating to the fitness of my application for membership. I also authorize release of any private or public records needed to determine the extent of my qualifications for membership. I understand that I must be physically and mentally capable of performing firefighting duties. I also understand any information obtained by the Robbins Hose Co. No. 1 Inc. will be kept in confidence and will be used only for the purpose of determining acceptance for membership.

If accepted as a member, I further agree to abide by the Constitution and By Laws of the Dover Fire Department. and the rules and policies established by the Company and Fire Chief.

Signature of Applicant _____ Date: _____

For Membership Applications when the Applicant is Less Than Eighteen Years Old

Being the lawful parent(s) or guardian(s) of the applicant, I/we recognize the dangers of firefighting and hereby give my/our permission and consent for the applicant to apply for membership in the Company and if accepted, as a member, to participate in company activities, including training, firefighting, and rescue activities. I/we therefore, release the company from any liability in the event that my child is injured in any activity authorized by the company.

Signature of Parent/Guardian: _____ Date: _____

DELAWARE TITLE 16

Health and Safety

Safety

CHAPTER 66. FIRE PREVENTION

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

S 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, 5 1.)

S 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. S 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, S 1; 70 Del. Laws, c. 186, 5 1.)

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. 56647 (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: _____