

**Application for Senior
Membership
Five Points Fire Company
209 S. Maryland Ave.
Wilmington, DE 19804 - 1362**

Information for applicants to Five Points Fire Company

1. Applicant must be at least 18 years of age. (If applying for Junior Membership, please use that application)
2. Applicant is responsible to update any changes of address and/or telephone number after application is submitted.
3. Applicant must complete this application , and the Delaware Volunteer Firefighters Criminal History Affidavit (attached) and return both.
4. The membership committee will contact the applicant for an interview after all information is received.
5. Applicant is to mail, or drop off the completed application to the address listed above.
6. IF approved for membership there will also be a fee of \$10.00 for your yearly membership fee and key to the building.
7. Background check and Drug test are required for membership, see attached form.

Internal Use Only

Date Application Received: _____

Date Applicant Contacted: _____

Date of Membership Committee Meeting: _____

Date of Company Meeting: _____

Approved for Membership? Y N

Membership Committee Chair Persons Initials: _____

How did you hear about Us? _____

Membership Application

This application must be typed or printed neatly in ink . All questions must be answered. If not applicable, indicate so by writing N/A in the appropriate space. To furnish additional information, please attach a separate sheet of paper the same size as the application. Applicants, if accepted, will become a Junior Member until the applicant is 18 years of age. While a Junior member, fitness for membership, as required by Five Points Fire Company Bylaws and Operating Guidelines must be demonstrated. Additionally, Junior membership is contingent upon the results of a complete character investigation. Willful withholdings of information or making false statements on this applications will be basis for dismissal from membership. The signature of the applicant and legal guardian on this form indicates an agreement to these conditions and certifies that all statements are true to the best of the applicant's knowledge.

Personal Information

Name (Last/Suffix, First, Middle Initial) _____ Date of Birth _____ Social Security Number _____

List any nicknames, etc. _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ E-mail address _____

Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applying for?	<input type="checkbox"/> Fire	<input type="checkbox"/> EMS
Are you a licensed driver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide: _____

Number State Class Exp. Date Number of accidents

Medical History / Emergency Contact Information

Do you have or have you ever had any of the following: nervous, mental or emotional disorders of any kind, tuberculosis, epilepsy, fainting spells or severe headaches, diabetes, ulcers, rheumatic fever, heart disease or asthma?

Yes No

Do you have or ever had any chronic or serious illness, operation or injury?

Yes No

If you answered yes to any of these or have / had any disability not covered please explain

Emergency contact person, if you are injured:

_____ Relationship _____ Contact phone number _____
Contact Name

Employment

Current Employer: _____ Position _____

Dates Employed _____ to _____ Supervisor Name _____

Contact Number or E-mail _____

Previous Employer _____ Position _____

Dates Employed _____ to _____ Supervisor Name _____

Contact Number or E-mail _____

Can we contact either of the companies listed above?

Yes No

Education

What was the highest level completed? _____

Last school attended? _____

References

List two (2) people (not relatives) who are familiar with you, such as a teacher, employer, clergy, doctor, etc. who have known you for at least two (2) years.

_____	_____
Name and Address	Phone number
_____	_____
Name and Address	Phone number

Fire Company References

List any member(s) of Five points Fire Company that you know.

Miscellaneous

Have you ever been a member of another Fire Company / Department

Yes No

If so, company name, city, and state? _____

Are/were you a member in "good standing"?

Yes No

(A letter of recommendation from your previous Fire Company is suggested)

Describe any Fire / EMS training you completed:

List any special abilities, interests or skills which you feel would benefit Five Points Fire Company:

Military Service

Have you ever been a member of any branch in the U.S. Armed Forces?

Yes No

Are you currently a member of any branch in the U.S. Armed Forces?

Yes No

If you were a member was your discharge honorable?

Yes No

List any decorations or accomplishments you received.

Medical Professional Contact Info

Due to the nature of the fire service, contacting your medical providers to verify information or in the case of an emergency may be necessary. Please provide the information below to help assist us if this occasion ever arises.

Primary Care Physician Name

Phone Number

Other Physician Name

Phone Number

Type of Physician

Other Physician Name

Phone Number

Type of Physician

Affirmation

I affirm that I have answered all the questions contained in this application, honestly and faithfully, to the best of my knowledge.

I understand that my membership will be terminated if it is found that false or misleading answers have been submitted.

Signature of applicant

Date

Authorization

I, _____, the undersigned, do hereby authorize the Five Points Fire Company, or any of its agents, to conduct an in-depth background investigation of me. I authorize any police agency, school, service, business, physician, individual, or association to release any pertinent information, which would assist the Five Points Fire Company in its evaluation of my character and qualifications. In signing this authorization, I hereby release any and all of the aforementioned sources from any responsibility, present or future, in imparting this information.

Signature of Applicant

Signature of Parent/Legal Guardian

Date

Instructions on how to obtain required Background Check

1. Go to <https://dsp.delaware.gov/obtaining-a-certified-criminal-history/> for a complete explanation.
2. Go to <https://uenroll.idenlogo.com/> to schedule an appointment. Use service code **27S47F**.
3. Enter recruitment@fivepoints17.com for the email address where results are to be sent.
 - 3.1. Forwarded results from personal email addresses will not be accepted.
4. Make sure that you get a receipt. Five Points Fire Company will reimburse you, IF you are accepted for membership.

Instructions to Obtain the required Drug Screen

1. Obtain an Authorization Form from the Membership Committee. The fire company information is already completed.
2. Complete your personal information.
3. Take the Authorization Form and a photo ID to an Pivot/Concentra location.
4. Results will be directly provided to Five Points Fire Company.

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

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.)



(Patient must present Authorization and Photo ID at the time of service.)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Temporary Staffing Agency: _____

Work Related

Injury Illness

Date of Injury _____

Substance Abuse Testing* (check all that apply)

Regulated drug screen

Collection only Hair collect

Non-regulated drug screen Rapid drug screen

Other _____

Type of Substance Abuse Testing

Preplacement Reasonable cause

Post-accident Random

Follow-up

Special instructions/comments:

Physical Examination

Preplacement Baseline Annual Exit

DOT Physical Examination

Preplacement Recertification

Special Examination

Asbestos Respirator Audiogram

Human Performance Evaluation*

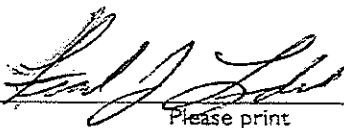
HAZMAT Medical Surveillance

Other _____

Billing (check if applicable)

Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: 
Please print

Title: President

Phone: 302-994-2745 x107

Date: 3/21/2024

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)