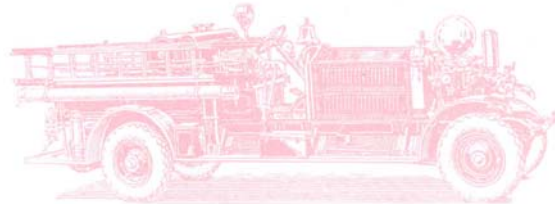


Good-Will Fire Company Inc., No. 1

P.O. Box 56
New Castle, DE 19720
(302) 328-2211
www.gwfc18.com



APPLICATION FOR MEMBERSHIP

Applicants for membership must be at least sixteen (16) years of age or older at the date of application.

All applicants must understand that all appointments are probationary for a period of twelve (12) months. During this twelve (12) month period you must demonstrate your fitness for membership as outlined in the Good Will Fire Company By-Laws.

You must also understand that a probationary membership is contingent upon the results of a complete background investigation. The willful withholding of information or making false statements will constitute grounds for your immediate dismissal.

All applicants must agree to these terms and certify that all statements are true to the best of their knowledge. Your **full signature** (*First, Middle, Last Name*) on this application indicates such agreement.

The Board of Directors Membership Committee designee will contact the applicant for an interview. At the time of interview, a **check** for the application fee of \$5.00 will be collected.

Please read carefully and complete all sections of this application.

Please retain these pages for your records.

Thank You for your interest in the Good-Will Fire Company #1.

TYPES OF MEMBERSHIPS & REQUIREMENTS

The following types of memberships shall exist within the Good-Will Fire Company:

1. Active Membership
2. Social Membership
3. Junior Membership

Active Membership

An Active Member must meet the following:

1. Be at least 18 years of age or older
2. Participate in 25% of in company training schools
3. Respond to 25% of all Fire Alarms
AND /OR
4. Attend 50% of all Regularly scheduled Company Meetings

An active member who has met the above stated requirements has earned all of the rights of the Company including the privilege of voting on all company business and may hold any company office for which he / she is qualified. An active member who fails to fulfill these requirements shall automatically be transferred to the Social Membership status.

Social Membership

A Social Member must meet the following:

1. Be at least 18 years if age or older

A Social Member shall have all of the rights of the company with the exception of voting and the privilege of holding a company office. He / She shall be restricted from firefighting activities unless approved by the fire chief. A Social Member may make written request for transfer to Active Membership if he / She fulfills those requirements.

TYPES OF MEMBERSHIPS & REQUIREMENTS - continued

Junior Membership

A Junior Member must meet the following:

Be at least 16 years of age

A Junior Member shall not have a voice or vote at company meetings. He / She shall abide by the rules and regulations set forth in the Company By-Laws. The Junior Member shall be under the direct control of the fire chief.

Probationary Period

All applicants, once accepted into the company, will be on a probationary for a period of one (1) year.

Upon the completion of the probationary period, the company shall vote in accordance with the By-Laws of the Good-Will Fire Company, on whether to:

1. Admit the probationary member into the company as a member.
2. Deny the probationary member membership into the company.

The company without any probationary period may elect Junior Members, who have previously served a one (1) year probationary period and have fulfilled the requirements for active membership, to active membership.

****Applicants who have been or are currently members of volunteer fire company must provide a letter from that company indicating their membership status and standing.*

RELEASE OF INFORMATION AUTHORIZATION FORM

I, _____ as an applicant for

Please Print

membership in the Good-Will Fire Company do hereby authorize the Good-Will Fire Company to conduct a complete background investigation on me as a condition of my applying for membership. I authorize any police agency, school, service, business, doctor, individual or association to release any pertinent information, which would assist the Good-Will Fire Company in evaluating 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.

I understand that in order for my application to be processed, I must obtain the following information at my own expense:

1. A complete copy of my driving record is to be obtained from the State of Delaware Division of Motor Vehicle and/or the Department of Motor Vehicle in the state of license issuance.
2. A criminal background check is to be obtained from the Delaware State Police.

Applicant Name _____

Please Print

Applicant Signature _____

Guardian Name _____

Please Print

Guardian Signature _____

(for Junior Membership only)

Date Release Signed _____

DRIVERS RECORD & CRIMINAL HISTORY REPORT

*****APPLICANTS ARE REQUIRED TO SUPPLY A DRIVERS RECORD REPORT
& CRIMINAL HISTORY REPORT*****

A. PROCEDURE FOR OBTAINING DRIVERS RECORD REPORT

1. An inquiry of information for your driving record can be obtained at any Division of Motor Vehicles Office.
2. There is a Fee for this service payable to the State.***
3. Return the completed **Application** along with the **Drivers Record Report**.

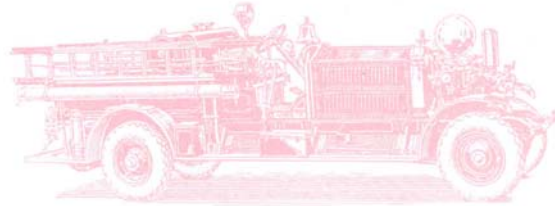
B. PROCEDURE FOR OBTAINING CRIMINAL HISTORY REPORT

1. Make your request for the criminal history report at the Delaware State Police Troop 2 on Tuesdays or Thursdays from 12:00 p.m. until 5:00 p.m. or at the New Castle City Police Department, New Castle, Delaware. You may want to call in advance to schedule a time.
2. There is a Fee for this service payable to the State of Delaware.***
3. The Delaware State Bureau of Identification Office will send your Criminal History Report directly to the Good-Will Fire Company Board of Director's.
4. Upon receipt of the history report the applicant will be notified of the status of his/her application.

***Applicants who are successful in the application process and selected as members of the Good-Will Fire Company will be reimbursed for the cost of drivers license record report and the criminal history report

Good-Will Fire Company Inc., No. 1

P.O. Box 56
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APPLICATION FOR MEMBERSHIP

Please read carefully and complete all sections. Please print or type all information.

Name	
Address	
City	
State	
Zip	
Phone	

Type of Membership Applying for: *(Check One)* **Date of Application** _____

Senior Member
(Over 18 Years of Age)

Junior Member
(Under 18 Years of Age)

Intent of Membership: *(Check One)*

Active Member

Social Member

PERSONAL HISTORY

Date of Birth _____ Age _____ Sex _____

Height _____ Weight _____ Hair Color _____

Eye Color _____ Social Security # _____

Are you a U.S. Citizen? Yes No

Emergency Contact Relationship _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

EMPLOYMENT INFORMATION (Please complete each section)

<u>Name of Employer</u>	<u>Address</u>	<u>From / To</u>	<u>Name of Supervisor</u>	<u>Type of Work</u>

U.S. MILITARY SERVICE

Branch of Service _____

From _____ to _____

Years of Service _____ Rank upon Discharge _____

Type of Discharge: Honorable General Dishonorable

Are you presently a member of a U.S. Reserve or National Guard Unit?

Yes No

If Yes, Please list the Organization and Station or Unit and Location

EDUCATIONAL BACKGROUND INFORMATION

	<u>Name</u>	<u>Attended From</u>	<u>Attended To</u>	<u>Year Graduated</u>	<u>Type of Degree or Certificate</u>
<u>High School</u>					
<u>Technical School</u>					
<u>College (Undergrad)</u>					
<u>College (Graduate)</u>					
<u>Other</u>					

Do you have any previous training in fire fighting or first aid?

Yes No

If Yes, Please attach copies of your course certificates and certification cards.

PERSONAL REFERENCES

Please list Three References

(Excluding relatives and/or members of the Good-Will Fire Company.)

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

How long have you known this reference? _____ years

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

How long have you known this reference? _____ years

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

How long have you known this reference? _____ years

CRIMINAL BACKGROUND INFORMATION

1. Have you ever been **investigated, interviewed or detained** by any law enforcement agency?

Yes No

If yes, please list the details below:

<u>Date of Incident</u>	<u>Police Agency</u>	<u>Reasons</u>	<u>Disposition</u>

2. Have you ever been **arrested**? Yes No

If yes, please list the details below:

<u>Charge</u>	<u>Date of Arrest</u>	<u>Arresting Agency</u>	<u>Court</u>	<u>Disposition</u>

Please use the back of this page if additional space is needed.

DRIVERS LICENSE INFORMATION

Do you have a Drivers License? **Yes** **No**

If yes, **Drivers License Number #** _____ **State** _____

Class _____ **Restrictions** _____

Do you have an Emergency Vehicle Operators (E.V.O.) License? **Yes** **No**

Have you ever been involved in an accident in the last five years? **Yes** **No**

Do you have any **current points** on your drivers license? **Yes** **No**

If yes, how many? _____

MEDICAL HISTORY

Family Physician _____ Phone _____

Please answer the following:

- | | | |
|---|---------------------------|--------------------------|
| Are you prone to headaches? | Yes <input type="radio"/> | No <input type="radio"/> |
| Have you ever had a head injury? | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you wear glasses / contacts? | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you have trouble with your hearing? | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you have hay fever or a sinus condition? | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you smoke? | Yes <input type="radio"/> | No <input type="radio"/> |
| Have you ever had Tuberculosis (TB)? | Yes <input type="radio"/> | No <input type="radio"/> |
| Have you had any heart trouble? | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you have high blood pressure? | Yes <input type="radio"/> | No <input type="radio"/> |
| Have you ever had hepatitis? | Yes <input type="radio"/> | No <input type="radio"/> |
| Have you ever had a hernia? | Yes <input type="radio"/> | No <input type="radio"/> |
| Have you ever had a back problem? | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you have diabetes? | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you have a seizure disorder? | Yes <input type="radio"/> | No <input type="radio"/> |

Please list any operations or injuries you may have had, along with the date of occurrence below.

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I, _____ as an applicant for

Please Print

membership in the Good-Will Fire Company understand that it is essential for the Company to evaluate my medical fitness. For the purpose, I authorize the release of any and all information that you may have concerning me, including information of a conditional and privileged nature, such as my medical background. I hereby release you, your organization and all others from any liability or damage which may result from your furnishing the information requested.

Applicant Name _____

Please Print

Applicant Signature _____

Guardian Name _____

Please Print

Guardian Signature _____

(for Junior Membership only)

Date Release Signed _____

***If under the age of 18 this form must be notarized.*

As sworn to this date _____ Notary _____.

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membership in the Good-Will Fire Company do hereby authorize the Good-Will Fire Company to conduct a complete background investigation on me as a condition of my applying for membership. I authorize any police agency, school, service, business, doctor, individual or association to release any pertinent information, which would assist the Good-Will Fire Company in evaluating my character and qualifications.

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Applicant Name _____
Please Print

Applicant Signature _____

Guardian Name _____
Please Print

Guardian Signature _____
(for Junior Membership only)

Date Release Signed _____