

# ***GOOD WILL FIRE COMPANY NO. 1***

## ***APPLICATION FOR MEMBERSHIP***

Thank you for your interest in the Good Will Fire Company.

Applicants for membership must be at least fifteen (15) years of age. Applicants under the age of 18 are eligible for Cadet membership, while applicants 18 years of age and older may apply for Probationary membership.

### **Probationary Membership**

All applicants who are accepted into the company, will have a probationary membership for a period of twelve (12) months / one (1) year. During this period the applicant must demonstrate fitness for membership as outlined in the Good Will Co. By-Laws. *Acceptance for Probationary membership is contingent upon results of background investigation, interview with Membership Committee, and approval by Board of Directors.* Upon completion of the probationary period, the company shall vote in accordance with the By-Laws on whether to:

- ❖ Admit the probationary member into the company as an Active member.
- ❖ Admit the probationary member into the company as an Associate member.
- ❖ Deny the probationary member membership into the company.

### **Active Membership**

An active member has earned all of the right of the company including the privilege of voting on all company business and may hold any company office in which he/she is qualified. To be considered for active membership the following criteria must be met:

- ❖ **Be at least 18 years of age or older**
- ❖ **Earn 75 points during the probationary period** (*points are earn through hours of service, participation in runs/calls and participating in training*)
- ❖ **Attend 50% of company meetings.** (*Member with excused absence will receive credit for the meeting even if they cannot attend, but must attend a minimum of 3 meetings / year*)
- ❖ Complete SCBA fit test
- ❖ Attend 1 live-burn training

### **Associate Membership**

Members who are at least eighteen (18) years of age but who have not fully met the criteria for Active membership qualify for Associate membership. An associate member has all of the rights of the company but is not eligible hold a company office or have voting privileges. He/she may be restricted from firefighting activities unless approved by the fire chief. An associate member may request to transfer to Active membership once he/she meets the requirements.

### **Cadet Membership**

Applicants who are between the ages of fifteen (15) and eighteen (18) are eligible for Cadet membership. Cadets may participate in company activities and training under supervision and must abide by the rules/regulations set forth in the Company By-Laws. Cadets are under the direct control of the Fire Chief. Cadets are not eligible to have a voice or vote at company meetings. Cadet Members who have previously served a one (1) year probationary period have fulfilled the requirements for active membership may be voted directly to active membership upon turning 18 . A vote from the company floor will be required for acceptance to Active Membership.

## Process for Application

### 1. Submit Criminal History Report/Background Check

*(do this 1<sup>st</sup> as it will take several weeks for your results to come in)*

- Dover Location: 600 S. Bay Road Suite 1, Dover, DE 19901 (Walk-in – no appointment necessary)
- New Castle Location: DE State Police Troop 2 (appointment only – call 302-739-2528 to schedule)

### 2. Complete Membership Application

### 3. Obtain Copy of Driving Record (*cost = \$25.00 - save your receipt*)

- Online through your myDMV account: [www.dmv.de.gov](http://www.dmv.de.gov)
- In person @ any DE DMV location

### 4. Turn In Membership Application

- Must have pg14 – notarized
- Include driving record when submitting application

5. Once we have your complete application & background check, someone from the membership committee will contact you to schedule an interview.

6. After your interview, the Membership Committee will present your application at the next board meeting for approval.

7. Following the board meeting, a committee member will contact you regarding the status of your membership request.

**GOOD WILL FIRE COMPANY NO.1**  
**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ **SS Number:** \_\_\_\_\_

Email: \_\_\_\_\_

**Membership Interests**

Fire/Rescue     EMS     Events     Administrative

**Membership Type**

Active     Associate     Cadet

**Emergency Contact**

**Primary Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Secondary Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

# Medical History Form

## General Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## Medical History

Indicate if you have/had any of the following conditions

- |                         |                       |                      |
|-------------------------|-----------------------|----------------------|
| • A-Fib                 | • Diabetes            | • Kidney Condition   |
| • Anemia                | • Emphysema           | • Liver Condition    |
| • Asthma                | • Head Injury         | • Long Covid         |
| • Angina                | • Hearing Problems    | • Migraine           |
| • Anxiety/Panic Attacks | • Heart Attack        | • Neck/Spinal Injury |
| • Cancer                | • Heart Condition     | • Sickle Cell        |
| • CHF                   | • Heart Surgery       | • Stroke             |
| • Color Blindness       | • Hemophilia          | • Vertigo            |
| • Epilepsy/Seizures     | • High Blood Pressure | • Vision Problems    |

Do you have any medical conditions not listed above?

Yes

No

List: \_\_\_\_\_

Do you have any severe allergies?

Yes

No

List: \_\_\_\_\_

Do you have any physical limitations?

Yes

No

List: \_\_\_\_\_

Current Medications:

\_\_\_\_\_  
\_\_\_\_\_

Comments:

## **Previous Address**

*(list in chronological order starting with most recent)*

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Educational History**

High School: \_\_\_\_\_

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

College: \_\_\_\_\_

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Other: \_\_\_\_\_

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

## **Military Experience**

Branch of Service: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Year Enlisted: \_\_\_\_\_ Status: Active Reserve Veteran

Are you presently a member of a U.S. Reserve or National Guard Unit? Yes  No

Organization & Station or Unit & Location:

\_\_\_\_\_

## Previous Fire Department Experience

Have you ever applied to or been a member of Good Will Fire Co.?      Yes       No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to or been a member of any another Fire Company?       Yes       No

If yes, provide names organizations: \_\_\_\_\_  
\_\_\_\_\_

Offices Held: \_\_\_\_\_

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

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

Do you have any previous Fire experience/training?      Yes       No

If so, please list: \_\_\_\_\_  
\_\_\_\_\_

Are you currently CPR Certified?      Yes       No

If so, when does your certification expire? \_\_\_\_\_

Do you have any previous EMS experience/training?      Yes       No

If so, please list: \_\_\_\_\_  
\_\_\_\_\_

**Please attach copies of any training certificates or transcript of training records from previous organizations**

## **Employment History**

Employer: \_\_\_\_\_

Title/Position/Job Description: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Employer: \_\_\_\_\_

Title/Position/Job Description: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Employer: \_\_\_\_\_

Title/Position/Job Description: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

## **Personal References**

*Please list three references excluding relatives and/or members of the Good Will Fire Company*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emails: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emails: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emails: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

## **Driver's License Information**

Do you currently have a driver's license? Yes  No

If yes, provide the following information:

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Do you have an Emergency Vehicle Operators License (EVO)? Yes  No

Have you previously held a driver's license in another state? Yes  No

If yes, please list which states: \_\_\_\_\_

Has your license ever been, or is currently suspended or revoked? Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any points on your license? Yes  No

If yes, how many? \_\_\_\_\_

Have you been involved in an accident in the last 5 years? Yes  No

**Please include a copy of your Drivers Record Report along with your application**

### **DRIVERS RECORD**

**\*\*Applicants are required to supply a Drivers Record Report\*\***

#### **PROCEDURE FOR OBTAINING DRIVERS RECORD REPORT**

1. Obtain a copy of your driving record.
  - a. To obtain in-person go to any Division of Motor Vehicles Office.
  - b. To obtain online go to [www.dmv.gov](http://www.dmv.gov) (If you do not already have a MyDMV account, you will need to create one)
2. There is a fee for this service\*\*\* Save your receipt.
3. Include the copy of your Driver's Record with your completed applications



# Criminal Background Disclosure

Have you ever been arrested?

Yes

No

If so, describe each incident below:

Date of Arrest: \_\_\_\_\_

Police Agency: \_\_\_\_\_

Charge: \_\_\_\_\_

Court: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Disposition: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Police Agency: \_\_\_\_\_

Charge: \_\_\_\_\_

Court: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Disposition: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Police Agency: \_\_\_\_\_

Charge: \_\_\_\_\_

Court: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Disposition: \_\_\_\_\_

**If needed attach additional pages.**

## **CRIMINAL HISTORY REPORT**

**\*\* Applicants are required to provide a signed & notarized Criminal History Affidavit and submit Criminal History Report \*\***

### **CRIMINAL HISTORY AFFADAVIT**

An applicant who has been charged with or convicted of certain crimes may be prohibited from serving as a volunteer firefighter. These crimes are outlined in **Title 16 Del. C. §6647** (see pg --).

The applicant must either certify that they have never been charged/convicted of the listed crimes OR they must disclose any charges/convictions (even as a juvenile) in the Affidavit on page ---.

**\*This affidavit must be notarized, therefore, do not sign it until you are in the presence of the notary.**

**\*\* Any/all information disclosed in the affidavit will be treated as confidential.**

### **PROCEDURE FOR OBTAINING CRIMINIAL HISTORY REPORT**

1. Complete the form on page --- to request your criminal history report. This form will serve as a voucher, you will not be charged a fee for the state background check.
2. Submit your request for the criminal history report at Delaware State Police Bureau of Investigation in Dover (no appointment required) or Delaware State Police Troop 2 (appointment required).
3. The DE State Bureau of Identification Office will send your criminal history report directly to Good Will Fire Company Membership Committee.

**All information disclosed in the criminal history report will be treated as confidential**

## Delaware Code Title 16

### Health and Safety Chapter 66 Fire Prevention

#### § 6647. Membership Requirements for Volunteer Firefighters

- (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 a person who is elderly or impaired**, such as sexual misconduct with a child, sexual exploitation of a child, making or distributing child pornography, incest involving a child, or assault on a person who is elderly or impaired;
  - (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 the applicant's membership will not jeopardize public health or safety.
- (c) No applicant for membership in a Delaware volunteer fire department shall be charged any fee or cost for obtaining criminal history information from the State Bureau of Identification for the application.
  - (d) 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.
  - (e) 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.**
  - (f) 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.

**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 Title 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 \$1000.00 or a term of imprisonment of up to 2 years or both.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

or

- 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:

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[Attach additional pages if needed along with a certified copy of your criminal history record from the appropriate authorities]

Applicants 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 stating that all the foregoing statements are true and correct to the best of their knowledge and belief.

Signature of Notary Public: \_\_\_\_\_

Printed or Typed Notary Public's Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(Seal)

## RELEASE OF INFORMATION AUTHORIZATION

I, \_\_\_\_\_, as an applicant for membership, do hereby authorize the Good Will Fire Company conduct a complete background investigation on me as a condition of my application 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.

I understand that the willful withholding of information or making false statements will constitute grounds for your immediate dismissal from the Good Will Fire Company.

I understand that it is essential for the Company to evaluate my medical fitness. For this purpose, I authorize the release of any and all information that you may have concerning me, including information of a condition and privilege nature such as my medical background.

I understand that for my application to be processed, I must fully complete the application and obtain/submit the following information:

- A completed application with all required notarized signatures.
- A complete copy of my driving record from the DE Division of Motor Vehicles
- A criminal background check obtained from the DE State Police
- A letter from any previous Volunteer Fire Companies in which you were a member.

I hereby release you, your organization, all aforementioned sources and all others from any responsibility, liability or damage, present or future, which may result from imparting this information.

### **To be completed by applicant:**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Please Print)*

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

Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Please Print)*

Guardian Signature: \_\_\_\_\_  
*(for Cadet Membership Only)*

### **To be completed by Membership Committee Member:**

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Please Print)*

Witness Signature: \_\_\_\_\_