

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

## ***APPLICATION FOR MEMBERSHIP***



Applicants for membership must be at least fifteen (15) 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 at any time during your probation.

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.

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***

## **TYPES OF MEMBERSHIPS & REQUIREMENTS**

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

1. Active Membership
2. Social Membership
3. Cadet Membership

### **Active Membership**

An Active Member must meet the following:

- Be at least 18 years of age or older
- Earn 75 points between October 1 and September 30
- 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:

- 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.

### **Cadet Membership**

A Junior Member must meet the following

- Be at least 15 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:

- Admit the probationary member into the company as a member.
- Deny the probationary member membership into the company.

The company may accept, without any probationary period, Cadet Members who have previously served a one (1) year probationary period and have fulfilled the requirements for active membership. A vote from the company floor will be required for acceptance to Active Membership.

**RELEASE OF INFORMATION AUTHORIZATION FORM**

I, \_\_\_\_\_, as an applicant for 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 Cadet 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 in the state which you have a license.
2. There is a fee for this service.\*\*\*
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 Delaware State Police Bureau of Investigation in Dover or by appointment at Delaware State Police Troop 2.
2. The Delaware State Bureau of Identification Office will send your criminal history report directly to the Good Will Fire Company Membership Committee.
3. Upon receipt of the criminal 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 driver's license record report and the criminal history report at the end of their probationary period pending acceptance as a member of the Good Will Fire Company.

The Good Will Fire Company, Inc. is an Equal Opportunity Employer. It values diversity in the workplace. Women and men of all ages are encouraged to apply without regard to cultural and ethnic backgrounds, religious belief, political affiliation, national origin, or sexual orientation.

## **APPLICATION FOR MEMBERSHIP**

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

Type of Membership Applying for: Active Member      Social Member      Cadet Member

Intent of Membership:      Fire/Rescue      EMS      Administration

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

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

## **PERSONAL HISTORY**

Date of Birth: \_\_\_\_\_

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

Sex: \_\_\_\_\_      Height: \_\_\_\_\_      Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_      Eye Color: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Are you a U.S. Citizen?      Yes      No

Previous Addresses-List in Chronological Order Starting with Most Recent

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

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

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

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

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

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

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

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

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

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

**EMERGENCY CONTACT**

Primary Contact

Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Secondary Contact

Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**EMPLOYMENT HISTORY**

*(Begin With Most Recent)*

Name of Employer: \_\_\_\_\_

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

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

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

Type of Work Performed: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

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

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

Type of Work Performed: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

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

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

Type of Work Performed: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

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

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

Type of Work Performed: \_\_\_\_\_

**MILITARY SERVICE**

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

Begin Service Date: \_\_\_\_\_ End Service Date: \_\_\_\_\_

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

\_\_\_\_\_

**PREVIOUS FIRE DEPARTMENT SERVICE**

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

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

\_\_\_\_\_

\_\_\_\_\_

Have you ever been a member of any other fire company or rescue squad?           Yes           No

If yes, provide name of organization and dates served: \_\_\_\_\_

\_\_\_\_\_

List any offices held: \_\_\_\_\_

What is the reason for leaving your previous organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please attach copies of training certificates or transcript of training records from previous organization.



## EDUCATIONAL BACKGROUND

### High School

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

Dates Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Type of Degree or Certificate: \_\_\_\_\_

### College

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

Dates Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Type of Degree or Certificate: \_\_\_\_\_

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

Dates Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Type of Degree or Certificate: \_\_\_\_\_

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

Dates Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Type of Degree or Certificate: \_\_\_\_\_

### Trade/Technical School

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

Dates Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Type of Degree or Certificate: \_\_\_\_\_

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

Dates Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Type of Degree or Certificate: \_\_\_\_\_

**PERSONAL REFERENCES**

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

Reference #1

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

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

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

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

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

Reference #2

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

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

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

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

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

Reference #3

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

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

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

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

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

**CRIMINAL BACKGROUND**

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

Yes                  No

If yes, please list the details below:

Date of Incident: \_\_\_\_\_ Police Agency: \_\_\_\_\_

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

\_\_\_\_\_

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

Date of Incident: \_\_\_\_\_ Police Agency: \_\_\_\_\_

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

\_\_\_\_\_

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

Date of Incident: \_\_\_\_\_ Police Agency: \_\_\_\_\_

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

\_\_\_\_\_

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

Have you ever been arrested?      Yes                  No

If yes, please list the details below:

Date of Arrest: \_\_\_\_\_ Police Agency: \_\_\_\_\_

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

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

*Continued on Next Page*

Date of Arrest: \_\_\_\_\_ Police Agency: \_\_\_\_\_

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

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

If yes, please list the details below:

Date of Arrest: \_\_\_\_\_ Police Agency: \_\_\_\_\_

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

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

### **DRIVERS LICENSE INFORMATION**

Do you currently have a driver's license? \_\_\_\_\_

If yes, provide the following information:

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

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

Have you previously held a driver's license in another state? \_\_\_\_\_

If yes, please list what state(s): \_\_\_\_\_

Has your driver's license ever been, or is it currently suspended? \_\_\_\_\_

If yes, explain; \_\_\_\_\_

\_\_\_\_\_

Do you have an Emergency Vehicle Operators (E.V.O.) License? \_\_\_\_\_

Have you ever been involved in an accident in the last five years? \_\_\_\_\_

Do you have any current points on your driver's license? \_\_\_\_\_

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

## MEDICAL HISTORY

**Yes/No**

### Eyesight

- Have you lost use of either eye? (Specify Which One) \_\_\_\_\_
- Is peripheral (side) vision restricted? \_\_\_\_\_
- Are you color blind? \_\_\_\_\_
- Do you have, or have you ever had, cataracts? \_\_\_\_\_
- Are actual deficiencies corrected by glasses or contact lenses? \_\_\_\_\_
- Date of last eye examination: \_\_\_\_\_

### Hearing

- Do you have difficulty hearing normal conversation level? \_\_\_\_\_
- Do you use a hearing aid? \_\_\_\_\_

### Diabetes

- Have you ever been treated for diabetes? \_\_\_\_\_
- Describe current medication and dosage, if any, and method of administration:  
\_\_\_\_\_
- Date of latest blood sugar test: \_\_\_\_\_

### Heart

- Have you ever been treated for heart disease? \_\_\_\_\_
- Describe condition: \_\_\_\_\_
- Describe current medication and dosage, if any:  
\_\_\_\_\_
- Do you have a pacemaker? \_\_\_\_\_
- Date of last treatment or checkup: \_\_\_\_\_

### Epilepsy

- Have you ever been treated for epilepsy? \_\_\_\_\_
- If "Yes," when was your last seizure: \_\_\_\_\_
- Describe current medication and dosage, if any:  
\_\_\_\_\_

### Blood Pressure

- Have you ever been treated for high blood pressure? \_\_\_\_\_
- If "Yes," when were you treated? \_\_\_\_\_
- What was your last reading? \_\_\_\_\_
- Describe current medication and dosage, if any:  
\_\_\_\_\_

*Continued on Next Page*

Limbs

- Have you lost an arm or leg? \_\_\_\_\_
- Have you lost the use of an arm or leg? \_\_\_\_\_
- If “Yes” to any of the above, describe:  
\_\_\_\_\_

Miscellaneous

- Have you ever had any Fainting Spells? \_\_\_\_\_
- Have you ever had, or been treated for, Loss of Equilibrium? \_\_\_\_\_
- Have you ever been treated for Alcohol or Drug Abuse? \_\_\_\_\_
- Have you ever been treated for Mental Illness? \_\_\_\_\_
- Have you ever had a Back Injury? \_\_\_\_\_
- Are you prone to Headaches? \_\_\_\_\_
- Have you ever had a Head Injury? \_\_\_\_\_
- Do you have hay fever or a sinus condition? \_\_\_\_\_
- Do you smoke? \_\_\_\_\_
- Have you ever had Tuberculosis (TB)? \_\_\_\_\_
- Have you ever had Hepatitis? \_\_\_\_\_
- Have you ever had a Hernia? \_\_\_\_\_
- If “Yes” to any of the above, describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

I, \_\_\_\_\_, as an applicant for 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

**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 \$1000.00 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: \_\_\_\_\_

*Continued on Next Page*



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.)

## **Application Completion Checklist**

Release of Information Signature (page 3): \_\_\_\_\_

All Sections of Application Completed (pages 5-14): \_\_\_\_\_

Release of Medical Information Signed (page 15): \_\_\_\_\_

DVFA Criminal History Affidavit Completed and Notarized (page 16-17): \_\_\_\_\_

Criminal Background Check Completed: \_\_\_\_\_

Driving Record Check Attached: \_\_\_\_\_